

**REFRAMING SPIRITUAL CARE FOR PEOPLE SUFFERING
FROM TRAUMATIC BEREAVEMENT IN THE KOREAN AMERICAN CHURCH**

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Byungil Kim
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Byungil Kim

under the direction of his Faculty Committee and approved by its members,

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Faculty Committee

Duane R. Bidwell, Chairperson

K. Samuel Lee

B. Yuki Schwartz

Dean of the Faculty

Andrew Dreitcer

December 2023

Abstract

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Byungil Kim

Some people lose their close people through traumatic event all of a sudden. Traumatic Bereavement (TRB hereafter) is the one of the extremely challenging situations Korean American can experience. This research aimed to explore and understand what the bereaved's lived experience looks like and suggest how the Church can reframe the way of spiritual care the Church provides to the bereaved who lost close people through traumatic event.

The research focused on the two questions: 1) "How can the Church provide a more effective spiritual care to Korean American TRB Survivors?" and 2) "After TRB, what reflexive relationship can be established between TRB Survivors, the Church, and God so each can help and nurture the other by better using their own resources in the triangular relationship?"

Based on the review of literatures authored in varied fields, this research utilized the multiple disciplinary dialogue by which we can understand TRB and TRB Survivors from comprehensive perspective. Phenomenological qualitative research method and the PhotoVoice method was employed in order to respect and capture each individual's narrative and particularity. These two methods facilitated the research process of engaging with participants to articulate their everyday experiences, inspire TRB Survivors to shape their preferred realities, and empower them to develop their own sense of meaning in life.

The thesis of this research is "TRB Survivors can have an opportunity of reconstructing and cultivating new understanding and meaning through the collaborative triangular relationship between TRB Survivors, the Church, and God". Based on data collection and analysis, this

research can suggest how TRB Survivors can move forward as they work on their own reconstructing and cultivating.

The interviews have been done for four TRB Survivors and four pastors. Data was analyzed by using in-vivo coding method and hermeneutical phenomenological qualitative research. After the review of the research outcome and analysis, a dialogue with process theology, constructive theology, and narrative psychotherapy was made in discussion. It is important for TRB Survivors, the Church, and God to see and understand each other with less distortion, bias, and misunderstanding so that positive energy can circulate for the recovery as they collaborate in the triangular relationship.

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It is still hard for me to believe that I have completed my research and writing this dissertation. It feels like yesterday when I left my home country, South Korea, saying goodbye to all of my family and close friends in summer 2012. It has been more than ten years, and many things about me and what's been around me have changed. I could witness myself growing as I learned a lot of things not only in school, but also in other places. It is touching me to think of my beloved families now because I could not even complete this long academic journey without their love, support, and care that I cannot even describe. I want to say "Thank you" to God first. After I began this doctoral program, I had often felt more than challenged, even frustrated. Thus, I often prayed to God as I said that "If I complete this program successfully, it is what YOU did, not what I did". Thank you, my wife, Yunjin Choi. You have been always supportive and caring. Your dedication and faithful prayer enabled me to stay strong and motivated. Thank you my beloved son, Alvin Jooan Kim. You always made me smile again and stay positive. Thank you my parents, Pilku Kim and Choonja Kim. Merely thinking of you and your faces makes me shed tears a lot. I would have not been able to accomplish all of these without your love, support, and care. My life goal is to live as good as just half of what you did in your life. Thank you my parents-in law, Yangho Choi and Soonok Kim. Your prayer, encouragement, and kindness helped me stay resilient and motivated. Thank you, my advisor, Dr. Bidwell. You always guided me to stay in and go to the right direction during my doctoral program. You have given me lots of helpful academic feedback as you showed kindness and curiosity. Thank you, Dr. Lee. I could learn a lot from you, not just only about academic things, but also other things that nourished me to grow as a counselor. Thank you, Dr. Schwartz. You encouraged me to study what I was not so familiar with more. Your feedback, guidance, and kindness were really helpful. Thank you to all

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Chapter 1. Introduction

1.1 Prologue

It is inevitable for us to experience bereavement as human beings who have close people who die one day. Becoming parted from a person by death leads the bereaved to go through a series of challenging phases where the grieving person feels enormous pain in proportion to the attachment to the deceased. However, people do not always die of natural causes. To their sorrow, some people receive news that their close relation died from unexpected reasons such as a traffic accident, heart attack, negligent accident, and so on. In this situation, the reasons of death could be regarded as traumatic. When someone close to a person passes away in a traumatic accident, the person can go through a more challenging and painful grieving process. Our lives are full of mysteries and uncertainty. Even our faith does not always guarantee our wellness and safety the way we have taken it for granted. Thus, I came to wonder how Korean American people who experienced Traumatic Bereavement (TRB hereafter) can recover in order to survive and how people in the Church can take care of them more effectively. I will recruit several Korean American people who underwent TRB. Then, I will reflect on how those bereaved people went through their grieving process and how they were taken care of at churches to see how tenable and effective was the spiritual care provided to them. The impact of the unexpected TRB exerted on the bereaved is huge. Korean Americans have been exposed to varied stresses inevitably experienced as immigrants in the United States, and this has led them to attend church for the purpose of coping with those stress and securing a sense of belonging (P. Chung, 2010). As a result, Korean American who have experienced the crisis of TRB tend to think of their churches as their first-aid resource (Hur, 2014). Consequently, it would be an essential work to reflect on how effectively spiritual care has been provided to Korean American

TRB Survivors and to reframe a new approach to spiritual care for them based on this research. I expect that TRB Survivors and the Church can have an opportunity to examine the effectiveness of current spiritual care and think of new ideas to improve spiritual care through this research.

1.2 Discussion of the Problem

One of the TRB cases I indirectly witnessed is the accident of the Sewol Ferry that happened in 2014. The ferry carrying 476 passengers was heading to Jeju Island in South Korea, and it sank near Jindo Island. It was reported that 299 of the 476 passengers passed away in the sea and 5 passengers were missing. The victims who lost their families in the accident have suffered from post-traumatic stress disorder (PTSD) as well as pains from bereavement (Kwon, 2016). The accident of the Sewol Ferry exposed many problems the society had held with complacency. To be specific, the problems include the lack of thorough mechanical maintenance of ships, the irresponsibility of people in charge (i.e., people in the shipping company, ship captain, voyage officer, government officers), and the poor crisis management of the government. In addition, the accident revealed room for urgent necessity of reconsidering pastoral care for the victims of traumatic bereavement. It was reported that about 80 percent of the Christian victims' families left the Churches they had attended as a result of the lack of adequate support and care they received (Kwon, 2016). That such a large percentage left their congregations should not be ignored. This response has caused me to questions, *'Why have those people suffering from traumatic bereavement (TRB) not received appropriate care from the Churches they attended?'* and *'How did that happen?'* These questions reminded me of having witnessed Korean American people's experience of TRB in the United States. I have seen congregation members lose their families overnight through traumatic accidents. I know a

woman who found the body of her husband, who died of a heart attack during the night. I also know a woman who got a phone call from somebody who broke the sad news that her husband died while scuba diving. I recalled and reflected on how I responded to them right after they experienced the loss, how congregation members reacted to them, and how pastors took care of them. I remember that, despite people's care and support in the Churches, those grieving people became depressed and lost their motivation for life for a long time. Thus, I became interested in how adequately spiritual care had been provided to TRB Survivors by the Korean American church.

As Korean American churches have played a distinctive role for the Korean immigrant community, Korean immigrants' church affiliation has been high (J. Chung, 2020). Korean American churches have been the dominant form of community organization for Korean Americans, and approximately 75 percent of Korean Americans living in the United States attend church on a regular basis (J. Chung, 2020). They are exposed to their pre-existing immigration-related stress (such as cultural adjustment, financial problems, loneliness, and so on), which can lead them to become vulnerable. Consequently, for Korean Americans, experiencing TRB on top of those stress factors can create many harsh challenges. TRB can cause a combination of symptoms such as 1) traumatic stress, 2) bereavement and grieving, and 3) spiritual struggle as one becomes estranged from God in confusion. Consequently, it is when Korean Americans go through TRB that their pain, chaos, and instability can go extreme. In that vein, for Korean American TRB Survivors, the Korean American church often takes on the task of relieving their pain as the Church takes care of them when they go through their crises (Hur, 2014). That means the Churches undertake the critical role of taking care of devastated TRB Survivors, and those TRB Survivors' recovery, wellness, and stability can depend on how they are cared for and

treated at the Churches. If TRB Survivors are not well taken care of, they are likely to undergo a secondary loss or, even worse, they may experience spiritual loss, theological loss, physical loss, emotional loss, mental health loss, relational loss, and so on (Worden, 1991; Ko, 2017). In other words, inadequate spiritual care provided to TRB Survivors is likely not to prevent TRB Survivors from going through serious secondary repercussions (Worden, 1991; Ko, 2017). If they are not cared for well enough in church, they may experience the symptoms of secondary loss I spelled out above, which can tie into not only personal malaise but also into family discord or church disharmony. The number of issues related to Korean American's mental health has been increasing over decades, and the suicide rate (the number of deaths caused by suicide per 100 deaths) of Korean American's death (3.7%) is higher than that of any other ethnic group in the United States (J. Lee, 2019). This stresses the need for sounding an alarm in the Korean American church, which is responsible for taking care of its vulnerable Korean Americans. Considering the possible vulnerability of TRB Survivors facing multiple crises, and acknowledging their dependency on the Church, I cannot emphasize enough the urgent necessity of re-examining how Korean spiritual care has been done in the past and reframing Korean spiritual care so that Korean spiritual care would better meet their actual needs in their lived contexts.

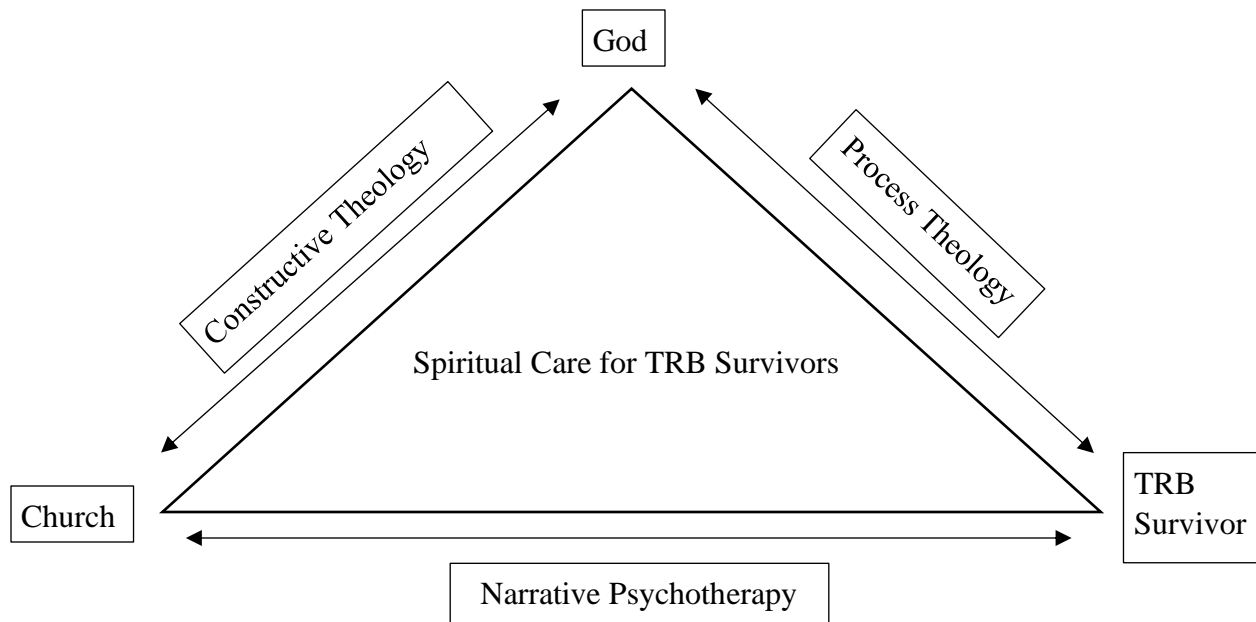
My research examines TRB survivor's lived experiences and explores how effectively TRB Survivors have been cared for and supported by the Korean American churches. The Korean American church has played an important role in helping Korean American people maintain their emotional wellness and sense of belonging in the United States (P. Chung, 2010). Many Korean American churches have been built, and there is still room for improving the way the Churches can facilitate the recovery process of TRB Survivors. This prompts me to evaluate

and assess the efficacy of the spiritual care offered by the Korean American church during individuals' moments of crisis. When TRB Survivors do not receive sufficient care, it can lead to significant negative consequences for them. However, if Korean American people in crisis are well taken care of by the Church, that loving care will enrich and nourish TRB Survivors so that they can learn and grow from TRB (Kübler-Ross, 2008). Research affirms that people can grow after they experience suffering. For example, “posttraumatic growth” (PTG) means that traumatic suffering and highly stressful events can result in personal growth (López et al., 2015). Actually, over the decades, researchers have conducted numerous studies on PTG. According to Koenig (2009), many people realize that religiosity and spirituality are the most significant resources that enable individuals to attain PTG. This implies that the Korean American church can play a critical role of bridging by supporting TRB Survivors to attain PTG. It is not that I assign all the burden and responsibility of spiritual care to the Korean American church only, but I believe the Church possesses valuable resources and capable leadership that can be effectively utilized during individuals' moments of crisis. Therefore, I have two main questions that I will ask myself and my interviewees during my research.

First, how can the Church provide a more effective spiritual care to Korean American TRB Survivors? Second, after TRB, what reflexive relationship can be established between TRB Survivors, the Church, and God so each can help and nurture the other by better using their own resources in the triangular relationship (Figure 1)?

Figure 1

The Triangular Relationship between TRB Survivors, God, and the Church



Spiritual care for TRB Survivors basically aims to help them make more sense of what happened, reaffirm the relationship with God, and move forward. This process is not done unilaterally, as if TRB Survivors are taken care of by the Church or God as a patient is treated by a doctor. I assume that TRB can impact not only TRB Survivors' lives, but the way the Church relates to people, understands God, and takes care of people in crisis. In this mutually reflexive process, God also becomes involved in the relationship, and the triangular relationship will proceed to optimize the way TRB Survivors, the Church, and God collaborate and support each other. The Johari Window model, which was originally created by Joseph Luft and Harry Ingham in 1955, describes the four quadrants generated when two subjects are interacting with each other (Newstrom & Rubenfeld, 1983). The four quadrants are called "Arena", "Blindspot", "Façade", and "Unknown" respectively (Newstrom & Rubenfeld, 1983). Newstrom and Rubenfeld (1983) explains what each terminology in the four quadrants is and how they are

related through the figure of the Johari Window (Figure 2). The figure demonstrates what each terminology means in the interaction.

Table 1

The Johari Window

	Known to self	Unknown to self
Known to others	Arena	Blindspot
Unknown to others	Façade	Unknown

In the fourth domain, which is termed as “Unknown”, “the parties lack conscious awareness of relevant data” (Newstrom & Rubenfeld, 1983, p. 117), and the two parties do not know there exists the Unknown domain between them. So, the two parties need the third party who can see the Unknown domain and inform the two parties what the Unknown domain looks like and how it is working for them to help the two parties maintain more desirable relationship. In the triangular relationship, when two subjects are interacting, it is expected that a subject’s Blindspot or Façade can be found by the two subject’s interaction and the Blindspot and Façade would be processed through the two subjects’ collaboration. However, two subjects cannot see, nor handle the Unknown for themselves. The Unknown domains between each two subjects can be seen and shared by the other third subject. For example, when TRB Survivors and the Church are interacting, there should exist the Unknown domain between them, and the Unknown domain

can often hinder them from formulating and sustaining desirably collaborative relationship. What has been taken for granted can block them from forming healthy relationship. In the moment, God, as the third subject, can see what (the Unknown) has stopped them from creating mutually caring relationship and help the two subjects learn what the Unknown is and collaborate to handle the Unknown wisely. In the same way, the Unknown between church and God, or between God and TRB Survivors can be revealed and processed with assistance of the third subject. Therefore, this triangular model would suggest how three subjects can take care of each other as they nourish others in collaborative relationship. By examining the reflexive triangular relationship, I expect to learn TRB Survivors' real needs that should be unveiled and considered more thoroughly. Based on this exploration and examination, I will propose how we can reframe spiritual care for Korean American TRB Survivors.

1.3 The Definition of Traumatic Bereavement (TRB)

(1) The Relationship between TRB, Trauma, and Significant Loss

Traumatic Bereavement (TRB) means one's experience of having lost somebody close to oneself through a sudden traumatic death. Thus, a TRB survivor can suffer from Post-Traumatic Stress Disorder (PTSD) as well as varied sorts of pains from the bereavement (Barlé et al., 2017). One's life can become suddenly devastated by TRB because TRB causes TRB Survivors to experience both trauma and bereavement, which are two of the most painful experiences one can go through in life (Ahn, 2016; van Der Kolk, 2014). TRB can also bring about a theological challenge or confusion to TRB Survivors since they often have to struggle to understand what cannot be made sense and find meaning in their suffering. As a result, it can frequently come with symptoms of PTSD such as flashbacks, sleep difficulties, and

concentration problems, in addition to grief symptoms (Barlé et al., 2017; Rubin et al., 2020). TRB Survivors also come to experience “the shattering of their most basic life assumptions”, and then they cannot see the world as safe, predictable, fair, and justifiable any more (Barlé et al., 2017). The basic life assumptions can include the theology and faith one has maintained for a long time. All of these changes can affect the atmosphere of home, working performance at the workplace, and relationships with people in the organization a TRB survivor has belonged to (Barlé et al., 2017). In the meantime, TRB Survivors, as the bereaved, are expected to go through symptoms of grieving such as “shock”, “denial”, “numbness”, “yearning”, “disorganization”, “despair” (Worden, 1991). Generally, PTSD survivors tend to avoid a certain situation or place for the fear of their reminding themselves of the traumatic memories. Therefore, it can be inferred that TRB Survivors, as traumatized survivors, “do not feel sadness but are fearful of trauma reminders” (Nakajima, 2018, p. 4).

Additionally, TRB Survivors can struggle with “difficulty accepting the death”, “making sense of the death”, “questioning their faith”, “troubling rumination”, and “feelings of guilt” (Barlé et al., 2017). TRB survival, then, comes with broad range of traumatic repercussions (i.e., PTSD), the pain of bereavement, theological challenges, and so on. When a person undergoes TRB, the bereaved person would faces an increased risk “for dysfunction, trauma symptomatology, as well as disordered and prolonged grief” (Rubin et al., 2020, p. 1). Significant loss refers to the feelings of grief and sadness that a person experiences when they lose something or someone to whom they developed a strong attachment. Examples of significant loss include the loss of a loved one, a significant relationship, a job, and similar experiences. The attributes of TRB can be similar to that of significant loss in that the bereaved feel enormous pain by losing close people such as family, friends, or relatives. However, TRB is

different from significant loss because significant loss does not necessarily signify that somebody passed away 1) through traumatic event, 2) with suddenness or unexpectedness, and 3) with theological inexplicability.

(2) The Relationship between TRB and Three Types of Maladaptive Grieving

Then, what would distinguish TRB from other kinds of maladaptive bereavement? Over two decades, there have been numerous research studies and dialogues for experts to set up proper criteria of pathological grieving and develop more adequate terminology describing symptoms of the bereaved. If the symptoms of the bereaved last longer (usually more than six months) and the intense longing continues and starts to affect the bereaved's daily life, it can be observed that the grieving individual has deviated from a typical path of recovery. There have been several terminologies developed and used to indicate maladaptive grieving. For example, experts have proposed new terminologies such as complicated grief (CG), prolonged grieving disorder (PGD), and persistent complex bereavement disorder (PCBD), to name a few. However, experts have not yet established consensus toward common terminology and diagnostic criteria (Nakajima, 2018). If symptoms of maladaptive grief, such as CG, PGD, or PCBD, are present and require careful support and professional intervention, experts may diagnose the bereaved individual with a mental disorder. To be specific, the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) included PCBD in the book in 2013 since American Psychiatric Association (APA) renamed CG into PCBD. In the beta draft of the 11th edition of the International Classification of Diseases (ICD-11), the World Health Organization (WHO) has proposed prolonged grief disorder (PGD) as a distinct condition that differs from other bereavement disorders. This means that PGD has been introduced as a new diagnostic category

in the ICD-11, highlighting its unique features and separating it from other forms of bereavement-related conditions (Maciejewski et al., 2016; Nakajima, 2018).

The basic properties of CG include “a clinically significant deviation from the (cultural) norm in either (a) the time course or intensity of specific or general syndromes of grief and/or (b) the level of performance in social, occupational, or other important areas of functioning” (Nakajima, 2018, p. 4). The specific symptoms of CG include “intense yearning, longing or emotional pain, frequent preoccupying thoughts and memories of the deceased person, a feeling of disbelief or inability to accept the loss and difficulty imagining a meaningful future without the deceased person” (Nakajima, 2018, p. 4). CG often presents alongside comorbidities such as major depressive disorder (MDD), post-traumatic stress disorder (PTSD), and various physical symptoms that may include high blood pressure, heart disease, cancer, suicidal ideation, headaches, or flu-like symptoms. (Nakajima, 2018). Namely, CG can lead the bereaved to undergo poor physical health condition, unstable mental status, and social dysfunction (Nakajima, 2018). It is claimed that “for CG, the pathology is attributed to factors other than grief, e.g. bereavement-related depression or trauma, that interfere with otherwise normal grief processes” (Maciejewski et al., 2016, p. 267). Therefore, the concept of CG has historical origins in viewing depression as a complication that arises from bereavement (Maciejewski et al., 2016). Then, how PGD can be distinguished from other grieving and recovery process? Albuquerque et al. (2021) explain:

PGD is characterized by persistent and pervasive longing for, or preoccupation with the lost one, as well as severe emotional pain (such as, guilt, anger, or sadness), difficulty accepting the death, emotional numbness, a sense that a part of them has been lost, an

inability to experience positive mood and difficulty participating in social activities.

(Albuquerque et al., 2021, p. 1)

PGD is characterized by experiencing normal symptoms of grief that persist for a duration of more than 12 months. The distinguishing factor is that individuals with PGD exhibit excessively intense symptoms of grief and the criteria for PGD consider “prolonged”, “unresolved”, and “intense grief” as abnormal in comparison to the typical grieving process (Maciejewski et al., 2016). PCBD can be understood as a “hybrid” disorder which integrates the perspectives of several maladaptive grief types, such as “pathological grief”, “complicated grief”, and “prolonged grief” (Kaplow et al., 2018). The criteria symptoms of PCBD encompass “separation distress (persistent intense yearning and longing)”, “intense sorrow”, “preoccupation with the deceased”, “preoccupation with the circumstances of the death”, “reactive distress in response to the death”, “disruptions in personal and social identity”, and so on (Kaplow et al., 2018).

The bereaved who suffer from CG, PGD or PCBD might share common symptoms of separation distress (i.e. persistent yearning, emotional pain and preoccupation with the deceased), but each of them is distinguished by the duration of the symptoms (Nakajima, 2018). To be specific, the diagnostic criteria for PCBD require the duration of persistent symptoms at least 12 months while those of PGD and CG need six months (Nakajima, 2018). The relationship between TRB and pathological grieving is conditional. All TRB Survivors do not necessarily come to suffer from maladaptive grieving. On the contrary, if the bereaved displays the symptoms of CG, PGD, or PCBD, it does not necessarily indicate that the bereaved has gone through TRB either. The factors that can lead TRB Survivors to have more possibility of experiencing any sort of maladaptive grieving include childhood adversity, biological trait, the type of relationship or attachment with the deceased, and religious or spiritual faith (Barlé et al.,

2017; Nakajima, 2018). Thus, when one experiences TRB, whether the person would experience any type of maladaptive grief or not can depend on many factors.

(3) The Relationship between TRB and Disenfranchised Grief

The notion of “disenfranchised grief” was introduced by Kenneth Doka (Doka, 1989) and Doka's definition characterizes it as the sense of loss that remains unacknowledged in the public eye, lacks social validation, and is not openly mourned (Doka, 1989). Thus, disenfranchised grief can pose difficulties in emotional processing and expression, as the bereaved may not recognize the right to grieve or receive the expected benefit of proper social support (Doka, 2002). Doka claims that The determination of which losses and relationships are considered legitimate for grieving is influenced by societal norms surrounding the grieving process (Doka, 2002). Thus, when the bereaved is prohibited and lack support in openly expressing and coping with their grief, it can lead to feelings of disenfranchisement (Doka, 1989). This indicates that social support and relational reprocessing are essentially important resources for the bereaved. The grieving process is a “relational process” (Neimeyer & Jordan, 2002, p. 95, as cited in Dominguez, 2018, p. 255). In the course of the mourning journey, individuals who are contending with grief advance to a stage where they introspectively assess their relationship with the departed, actively taking measures to seek comfort and garner support from their social network (Worden, 2009). As a result, these social relationships serve as a significant source of support for the bereaved. However, they can also have negative effects when social support undermines the bereaved individual's right to engage in the grieving process (Doka, 1989).

Considering that Korean Americans, as immigrants, have been exposed to varied types of chronic stress that relates to different social norms, culture, and customs, it is easily expected that they can experience this disenfranchised grief after they have gone through TRB. To be specific, Korean American TRB Survivors might be more dismayed as they acknowledge the different ways of understanding death, arranging funeral services, and expressing their emotions to people around them (Kwon, 2006b). When TRB Survivors feel their grief and emotions are invalidated or unacceptable in the society, they can have a lot less opportunity of handling their grieving process.

Kauffman proposes the concept of “self-disenfranchisement” (Kauffman, 2002, as cited in Albuquerque et al., 2021), which arises when individuals struggle to recognize their own grief as valid and legitimate (Albuquerque et al., 2021). If TRB Survivors experience this self-disenfranchisement repeatedly in varied aspects of their lives after TRB, the TRB Survivors would feel they are disconnected and isolated from the society as they feel their TRB experiences become trivialized or even unheard. This phenomena can cause TRB Survivors to internalize uncomfortable feelings such as shame, powerlessness, low self-esteem, and the lack of a sense of belonging. Then, it can put TRB Survivors in a negative spiral where they inevitably experience that their emotional regulation, resiliency, and mental health become more aggravated. The bereaved can experience disenfranchised grief more if they have fewer people or communities where their losses, way of grieving, and relevant emotions are not taken as seriously as they expect. In that sense, the cause of death does not always determine how much the bereaved would struggle with disenfranchised grief. For example, a person who lost a family member due to a chronic disease can experience a more severe degree of disenfranchised grief than a TRB survivor does. It depends on how the bereaved and people in community perceive

the loss, their reactions to death, and how well their attitudes toward death are validated and affirmed in society rather than solely the reason of death. Undergoing TRB does not necessarily tie into experiencing disenfranchised grief because whether the bereaved would go through disenfranchised grief would be determined by many other factors beyond the cause of death. Consequently, I would say that Korean American TRB can experience disenfranchised grief conditionally, not always necessarily.

(4) Summary and Conclusion

I would define TRB as people's losing their close people by a death that occurred 1) through a traumatic event, 2) with suddenness or unexpectedness, and 3) with raising the bereaved's response of theological inexplicability. Firstly, "through a traumatic event" means that the loss leaves the bereaved a wound in many aspects, and the impact of the wound lasts longer than the bereaved expects. The impact of the wound lasts longer because it is more than the bereaved could endure, and the bereaved needs more time to process the experience than the bereaved expects. Secondly, "with suddenness and unexpectedness" refers to a situation where the bereaved loses somebody without any advance preparation. As the bereaved loses somebody without any preparation, the bereaved can become more overwhelmed and confused by the urgent pressure in the situation. Thirdly, "with raising the bereaved's response of theological inexplicability" leads the bereaved to struggle to understand the TRB experience with the theological resources that the TRB survivor has utilized. In the beginning, TRB survivor tries to find a theological meaning out of the experience, but the bereaved still sees the experience as not making theological sense, and it can become hard to find adequate meaning out of the experience. Consequently, these three attributes distinguish TRB from other types of

bereavement experiences. For example, when one loses one's family who has suffered from a leukemia for years, the case does not come under TRB because the bereaved could anticipate and prepare for the death. However, when one's family member passes away due to a robber's aimless bullet in the street, the case falls under TRB since the death's attribute includes all of the three conditions. TRB Survivors usually experience the symptoms of PTSD in conjunction with other related psychiatric symptoms (Barlé et al., 2017). Depending on relevant factors such as contexts, type of attachment to the deceased, culture, and biological trait, a TRB survivor can go through maladaptive grieving such as CG, PGD, or PCBD. If the bereaved feels the experience of losing someone close and the way of reacting to the death is not legitimate, nor accepted in the society, the bereaved can experience disenfranchised grief.

1.4 Discussion of the Thesis

After a person experiences TRB, it is essential that the TRB Survivors seek adequate support, care, and treatment. TRB Survivors should receive care from pastors, lay members, and relevant experts to alleviate symptoms resulting from the trauma's impact. Initially, the Church can assume the responsibility of providing support to TRB Survivors, helping them cope with the pain and working toward restoring their physical and mental wellbeing. Beyond addressing health concerns, TRB Survivors also confront a significant theological challenge, which impacts not only themselves but also the entire church community. TRB does not make sense to survivors when they attempt to understand and accept it through the theological lens they have been taught to use (Doehring, 2015; Rambo, 2010). When life unfolds the way the person believes and expects it to, based on one's theology, that theology becomes reinforced and affirmed. However, when one's life faces an unexpected challenge and loss not in accord with

one's relevant theological norms, the person's theology becomes challenged and doubted. Thus, when a person undergoes TRB, the person must struggle to reconsider and reframe theology in order to make more sense of TRB, to make meaning out of the gap between lived experience in reality and "lived theology" (Doering, 2015), and to move forward. The struggle isn't confined to theological matters alone; rather, this process of reflection and reframing can be extended to and can occur in other aspects that shape an individual's subjective identity, including psychology, cognition, philosophy, and more. In this regard, if TRB Survivors receive proper care and guidance as they navigate challenging moments in their journeys, they may ultimately find an opportunity to cultivate a new understanding of their experiences and life itself. This transformation can occur as they reflect on their relationship with the Church and God.

My thesis is that TRB Survivors can have an opportunity of reconstructing and cultivating new understanding and meaning through the collaborative triangular relationship between TRB Survivors, the Church, and God. Based on the research data collection, analysis, and interpretation of those two, I proposed the desirable framework applicable to TRB Survivors in the last chapter of this research. This framework will help TRB Survivors create a new normality and meaning for life. In the triangular interaction, TRB Survivors can shape more optimized theologies that fit each person's narrative within its given context. In this work, TRB Survivors' theological reflections and dialogues with God will be facilitated through Robert Mesle's process theology as a conversational partner. TRB Survivors can also reflect on their spiritual/religious practices and locations by building their own theological narratives. The Church can reframe and construct new theological wisdom and insight by employing the ideas of constructive theology as well. In this mutually reflexive relationship, TRB Survivors, the Church, and God can collaborate to reframe the way of spiritual care.

1.5 Audience

This study aimed to explore and understand TRB Survivors' lived experience and reframe spiritual care for TRB Survivors. Thus, the first audience would be pastors and laity in the Korean American church. Secondly, I hoped TRB Survivors themselves would take theological or clinical benefits from this dissertation. Thirdly, I expected this dissertation to provide helpful insight to related workers such as professional counselors, social workers, psychiatrist, and others in the community.

1.6 Scope and Limitations

First of all, I had to find TRB Survivors and pastors serving in the Church who would agree to be interviewed. The interviews definitely provided these persons with good opportunities to learn their thoughts and emotions based on their real experiences. However, only eight subjects will be chosen in the United States (mostly in Southern California) as research sample. Hence, this study may have limitations in uncovering data and information that are relevant to individuals in varying contexts, making it challenging to ensure the consistency and replicability of the research findings. Namely, this research has a limitation in achieving the research evaluation criteria of "dependability" (Lincoln & Guba, 1985). Secondly, this study focused only on Korean American Christian TRB Survivors to understand how they had been taken care of and supported in their churches and how they moved forward as they reframed the meaning of lives in the triangular relationship. Considering the many factors that influence the way TRB Survivors interpret and respond to their TRB (i.e., gender, age, ethnic background, culture, socio-economic status, their relationship with the deceased, religion, and so on), this research was limited in suggesting conclusions that can be applied to other populations whose

backgrounds are different from that of Korean Christian TRB Survivors. Thus, this research has a limitation in securing the research evaluation criteria of “transferability” (Lincoln & Guba, 1985). Thirdly, this was not a longitudinal study. I chose sample cases that can show how TRB Survivors and people in the Church interacted and collaborated in order to help TRB Survivors together. I admit that my work focuses on how TRB Survivors and people in church collaborate and respond to each other in a relatively short-term time frame. My research was limited in predicting and monitoring how their relationship and collaboration will vary in a mid-term or long-term time frame. Consequently, this research has a limitation in satisfying the research evaluation criteria of “credibility” (Lincoln & Guba, 1985).

1.7 Originality and Contributions

Firstly, as a doctoral student studying practical theology, I tried to work on research that can provide practical insight and knowledge by studying TRB Survivors through multidisciplinary dialogues. I aimed to facilitate academic dialogue in which theology can interact with other disciplines. Considering there has been little dialogue between theology and other disciplines about the topic of TRB Survivors (Jueckstock, 2016), this dissertation’s approach and findings will shed light on new themes that have not been explored before. Secondly, I had interview not only with TRB Survivors, but also with pastors in the Church. Based on the data collected, I aimed to capture what TRB Survivors and pastors in the Church think of TRB, spiritual care, and what they can do with the resources in the relationship formulated between them. Thus, this research would help each survivor of TRB and pastor in the Church to learn what they have done effectively, what was not done well enough despite their good intentions, what they need others to do for them, and how they can collaborate better in the

relationship. I expected that TRB experiences and what have been done as spiritual care to be reflected on in more balanced setting. Thirdly, this study deals with the triangular relationship formulated between TRB Survivors, God, and the Church. I reflected on the relationship in order to think of how to enhance and construct a new quality of relationship between them. As I shed light on this work of framing the relationship anew, I invite readers to the dialogue so that they can contemplate and further devise their own ideas.

1.8 Research Methodology and Method

This research was qualitative research and I utilized the interpretive phenomenological method. I opted to utilize this approach because I value the concept that truth and knowledge are shaped by individuals and communities, recognizing that people's lived experiences are too distinctive to be addressed with a one-size-fits-all approach (Guba & Lincoln, 1994). In addition to that, I also worked on capturing the essence and meaning of Korean American TRB Survivors' lived experience. The research began with relevant literature review. Guiding questions were created to be asked as I narrowed down the contents of reading materials. Then, I conducted research interviews with participants. While I had two 70-minute interviews with each TRB survivor, I and each TRB survivor also worked on PhotoVoice during the interview in order to capture their unspoken words or what they had felt beyond description about TRB. The PhotoVoice had been done only with TRB Survivors during interviews, not with the pastors during interviews.

“PhotoVoice” is a research method introduced by Wang and Burris (Wang & Burris, 1997). In PhotoVoice research, cameras are used for participants to take picture of their realities. PhotoVoice poses alternative to positivist ways of knowing by listening to and learning from

research participants' own chosen images and voices. Using photos (images) enables research participants to express their veiled or unspoken reality to others, which often can challenge the prevailing knowledges and complacently practiced strategies established by the authorities in the group. The PhotoVoice research is comprised of mainly three phases: 1) collecting photos, 2) having a reflecting dialogue about the photos, and 3) working on coding process.

After all of the data were collected, I started analyzing them by transcribing their comments by using the website (www.taguette.org). Then, I worked on coding analysis by employing in-vivo coding method. Lastly, I engaged in hermeneutical dialogue as part of my review process, which involved examining research assumptions, evaluating research outcomes, and engaging in a critical dialogue with authors in the existing literature.

1.9 Chapters Outline

The contents of this dissertation are comprised of six chapters, and each chapter's main content can be outlined as below.

Chapter 1 – Introduction

I introduced the definition of TRB and brought readers' attention to how TRB Survivors have been taken care of in the Korean American church, and why that gave me sufficient reason to decide to work on this research. I briefly suggested my thesis statement and discussed it. I also explained who would be an appropriate audience for this research, emphasizing alignment with the research objectives. I provided a detailed description of the scope and limitations of this study. Furthermore, I conveyed the significance of the research's originality and how it can contribute to various communities.

Chapter 2 – Literature Review

This literature review will guide me to learn what theories, research studies, or content have been published in regards to TRB or TRB Survivors. This review will help me discover which areas of understanding them have been relatively under-explored and what needs to be done to improve the way of pastoral care for them. As a result, the review will reinforce the validity of my research and it will also help me shape proper questions to use in my interviews with participants.

Chapter 3 – Research Methodology and Methods

In the beginning of this chapter, I will address the research purpose, assumptions, and contents of relevant theories I chose to use. I will explain why I chose to use my methodology as I introduce the methodology proposed by Browning, Graham, and Osmer. I will review the purpose of practical theology as I explain how it resonates with my research purposes and values. I will explain why I have to use qualitative research and why I decided to use interpretive phenomenological research. I will explain why I made up my mind to additionally use PhotoVoice that will be used to help TRB Survivors express their emotions and thoughts more naturally and freely.

Chapter 4 – Data Analysis

I will employ the in-vivo coding analysis and the hermeneutical interpretation analysis method to analyze the collected data. By employing coding work, I will work on “meaning attribution”, “common themes”, and “casual hypothesis” (Paley, 2017) to synthesize the data

analysis and incorporate the result with that of PhotoVoice to make organically woven stories and capture findings which accord with the purpose of this research.

Chapter 5 – Discussion

Once the data analysis is completed, based on the result of data analysis, I will have a dialogue with conversational partners such as chosen authors of process theology, constructive theology, and narrative psychotherapy regarding how we would reframe the triangular relationship that operates between TRB Survivors, the Church, and God.

Chapter 6 – Summary and Conclusion

Based on all the research findings, I will summarize the whole process of my research, and I will propose what we can do to improve spiritual care and how the relationships that will be formed between TRB Survivors, the Church, and God can be reflexively reframed.

Chapter 2. Literature Review

2.1 Introduction to Literature Review

The research aims to describe and interpret the lived experience of TRB Survivors in order to understand the meaning of their experiences of TRB. Through this research, I intend to learn TRB Survivors' unspoken lived experience, real needs, and buried narratives for us to reconsider how to reframe spiritual care for them. As I decided to use the interdisciplinary dialogue approach, as Browning (1996) suggests, the research topic is split into various themes in order to understand TRB and TRB Survivors from a broader perspective. Through the literature review, I expect to learn the reality of TRB and TRB Survivors' lived experience that many authors extract in common. This review will help me narrow down my research focus and compose important questions that will be asked of TRB Survivors and pastors during interviews. This literature review will also affirm the reason why it is worth working on this research by validating the originality and contribution of the research.

2.2 Trauma and Treatment for Trauma

The definition and symptoms of trauma have been sufficiently introduced by a number of authors (APA, 2013; Caruth et al., 1995; Herman, 2015; Rambo, 2010; van der Kolk, 2014; Warner et al., 2020). They explain the representative criteria of PTSD (Post-traumatic stress disorder) and describe its associated symptoms. For example, DSM-5 (APA, 2013) expounds on PTSD survivors who often suffer involuntary and intrusive recollections of distressing memories, which can govern the subject's psyche and body. Consequently, the subject can undergo dissociative states, often called "flashbacks" (APA, 2013). Then, what therapies or methods have

been proposed as effective trauma therapy? Herman (2015), in *Trauma and Recovery*, posits the idea that the procedure of trauma therapy can be summarized as 1) securing safety, 2) remembrance and mourning, and 3) reconnection and reprocessing to mundane reality. This model has been proved to be valid and effective in treating PTSD clients. However, I think Herman did not have an interdisciplinary dialogue enough. Additionally, her three-step trauma treatment model considers traumatized people (PTSD survivors) as relatively passive objects who should inevitably go through repercussions of trauma, need to be safety-secured, and be mourned for in order to move forward. This caused me to wonder if there would be a way for TRB Survivors to take initiative and empower themselves as they utilize their own resources. If this is possible, then it might be valid to argue that PTSD survivors can be considered as proactive subjects, not just passive objects. Considering that PTSD survivors suffer from related somatic symptoms, it is worth exploring what have been researched on that domain.

Bessel van der Kolk (2014), in *The Body Keeps the Score*, points out that traumatic memories are registered and kept in our bodies. For trauma treatment, he turns our attention to somatic care in addition to the important necessity of expressing emotions and building up narratives through our own language. For example, he emphasizes the clinical effect of practicing yoga and meditation to re-activate our parasympathetic nervous system as we keep working on our story telling. His book shows how intense memories of trauma can be retained in our bodies, and those memories can fragment our organized psyche. However, van der Kolk did not invite theology or spirituality to the dialogue. He proposes his main ideas as he usually employs the resources of psychology, medicine, and neuroscience. He deals with PTSD and its treatment as he focuses on the symptoms and available therapy of PTSD in individual dimension.

I wish, in addition to those approaches he used, he would have used the social lens to explain PTSD from the perspective of social narratives.

In addition to Herman and van der Kolk, there have been vast amounts of research done seeking better PTSD treatments. Based on the established theories and practice methods, scholars and experts have published their books or journals to inform us of treatment skills and theories that turned out to be helpful. For example, the theories and practices include Freud's Psychoanalytic Theory (Cabaniss et al., 2013), Cognitive Behavioral Theory (CBT) (Burns, 2006; Cuncic, 2017; Shea, 2016; Söchting, 2014; Wolynn, 2016), Somatic Therapy (Cook-Cottone, 2015; van der Kolk, 2014), EMDR (Eye Movement Desensitization and Reprocessing) (Luber, 2016; Shapiro, 2018; van der Kolk, 2014), Stress Inoculation Training (Meichenbaum, 1985), Cognitive Processing Therapy (Resick et al., 2016), Prolonged Exposure therapy (PE) (Foa et al., 2009), and Narrative Exposure Therapy (NET) (Schauer et al., 2011). These are all the works of dedicated experts who tried to develop and sharpen PTSD treatment to make it more effective in treating a client's PTSD symptoms. Each has its own characteristic way of treating PTSD symptoms. However, most of them emphasize reprocessing the event by re-experiencing the scene with new emotions, authentic power, wisdom, and new perception in common. The underlying common point of these therapies is that as PTSD clients are facilitated to repeatedly revisit the scene in memory to reprocess it again and again, they can replace the chronic self-defeating feelings and cognition associated with the event with more understandable, empowering, or manageable feelings or cognitions. Consequently, based on these readings, I became assured that we need to reflect on whether we ourselves or the Church have given TRB Survivors an opportunity to keep talking about their experience and symptoms freely until they become assured that they are well attended and deeply understood. Christians

often feel that, as good faithful Christians, they are under the implicit pressure as they might have to show that they overcome pain quickly after a tragic loss (S. Park, 2017). This leads me to question Q (A-7) in my study, *“Do you think pastors and people in the Church have tried to listen to your story as they showed understanding and empathy? If there were such moments when you were assured that they did, what affirmed you that they did so at the time? While they listened to you, did they try to attend to you without imposing their knowledge or bias, nor hurrying you to recover soon?”* (see the questions for interviews on pages 84 - 85 hereafter).

These treatments I reviewed have been established and sharpened through research and clinical empirical analysis, and as a result, they tend to rely on the cause-and-effect model. For example, Sigmund Freud, who was known as the founder of modern psychology, used the cause-and-effect model in order to explain how human unconsciousness is formed as it is influenced by the ways our basic desire is satisfied. Thus, modern psychotherapists and psychiatrists tend to rely on the scientific method to develop valid therapy models since it helps them prove the effectiveness of the models. Certain aspects of history delineate the divergence of psychotherapy and theology, rather than their collaboration in creating a synergistic impact. First, theology did not always rely on the cause-and-effect model. Second, in the early 20th century, pastors (such as Elwood Worcester in Emmanuel Church) addressed psychology head on because they saw Christian churches' care of the soul did not consider a bio-psycho-social-spiritual perspective well. Thirdly, conventional theology proved insufficient in providing tangible assistance to numerous traumatized veterans who experienced trauma during World War II in the 1950s and 1960s. Yet the interaction and collaboration between different disciplines were required for us to understand the core attributes of trauma more comprehensively. I rarely have seen the authors explain their theories in conjunction with theology or spirituality. They explore the dynamics of

one's inner psyche to figure out how trauma impacts people's emotions, cognitions, or physical reactions. They often try to observe the dynamics and mechanisms on an individual person's level, even on a neuroscientific microlevel. However, it seems that their scope of research interest does not include how social narratives impact us, how theology can help traumatized people recover a new normality, or how spirituality can help people regain a new sense of meaning and reframe the way they understand traumatic events. These models and theories tend to understand PTSD from a cause-and-effect relationship, as if every PTSD case has much commonality and can be dealt with in a certain linear way.

In that vein, Caruth et al. (1995), in *Trauma: Explorations in Memory*, authored by experts from multiple fields, claim that the task of people in caring positions is to bear witness to the particularity of stories told so that they will not be reduced to a similar cliché. They acknowledge that one of the most distinguishing elements of trauma is “latency” and the “belated response” of the subject. When a person is undergoing a traumatic experience, the person might not register the memory the way it happened. It is because a traumatized person often copes with a traumatizing scene as the person numbs oneself, distorts the perception, or ignores the negative impact in order to protect oneself. These are all types of defense mechanism, and as a result, the traumatized person's memory or reaction can emerge at a later time. This is why they call the symptoms “latency” or “belated response”. Traumatized individuals may experience delayed or incomplete recollection and awareness of what occurred due to these factors. Considering the nature of this delayed and incomplete comprehension, we can inquire about strategies to assist TRB Survivors in comprehending and recording their historical experiences. They also maintain that people diagnosed with PTSD need somebody who can witness their stories and experiences as the survivors express their emotions freely in order to become reconciled with their traumatic

experiences. The authors collected knowledge and information from multiple fields to learn the closer truth of trauma. Overall, I could see how the knowledge and theories of trauma have developed over decades. However, I think there has been very little conversation between the fields of different disciplines in studying trauma. I wish more research or books that deal with trauma through multidisciplinary conversation to be published. For example, psychology, psychiatry, neuroscience, philosophy, theology, arts, sociology, and other related disciplines can participate in the conversation. On top of that, the focus of trauma research has usually focused on individual's psyche, body, and emotions. Therefore, I think my research needs to touch on other areas (i.e., theological/spiritual dimension, social dimension, cultural dimension, or ecclesial dimension) so that one's trauma can be researched more comprehensively. In this sense, Seward Hiltner, Don Browning, Elaine Graham, and Richard Osmer have re-clarified that theology, from the early Church period, has developed as it interacted with other disciplines and cultures in many areas.

Lastly, trauma research has led us to not weigh the particularity of a person suffering from PTSD in the individual context. Thus, I came up with the question Q (B-10), *"When you take care of a survivor, do you count the particularity or uniqueness of their TRB? If so, how do you address or deal with that within the pastoral care setting? Do you arrange and conduct rituals and pastoral care as you customize those to the needs and situation of each survivor? If you do not count them, why is that?"*

2.3 Bereavement and Treatment for Bereavement

Understanding the emotions and grieving process of the bereaved is regarded as a complex matter. During the 1990s, there was a lack of consensus regarding the definition and

categorization of grieving (Middleton et al., 1993). In international research, the possible clinical terms (i.e. absent grief, inhibited grief, anticipatory grief, and so on) were examined, and Middleton et al. (1993) suggested that the commonly accepted criteria identified in the research be accepted until diagnostic criteria were developed. From that time on, experts have worked on exploring and assessing the symptoms of the bereaved to sharpen the definition of the types of grieving. Through these efforts, several types of grieving have been identified and included in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). However, I think a grieving person's symptoms and type of grieving cannot be assessed accurately only by certain common criteria in DSM-5, even though a person's main symptoms match the criteria in DSM-5. We can use theories and criteria in order to understand and assess the bereaved, but we also need to explore their unique symptoms and particular stories more deeply. Then, how can we understand the particularity of the bereaved better? To begin with, I have to examine how grief and the mourning process have been understood and proposed.

Worden (1991) explains what kinds of grief and mourning processes the bereaved can go through. He emphasizes that the bereaved person's emotions (especially anger) should be expressed freely and fully. The final goal of grief treatment is to "encourage the counselee to say an appropriate goodbye and to feel comfortable reinvesting back into life" (Worden, 1991, p. 38).

McCall (2009) maintains that every human goes through both phases of gains and losses as she borrows the idea of ancient spiritual traditions talking about the *yin* and *yang* of life. We, as human beings, are connected not only to people around us, but also to other things such as objects, things, or ideas. In our lives, we have no choice but to repeat our connecting and disconnecting with others, which can also be rephrased as the experiences of attachment and

separation. McCall (2009) suggests the bereaved to start their grief work by naming the type of loss they undergo and following the ongoing six stages of grief (“shock and numbness”, “denial”, “feelings”, “depression”, “reorganization”, “recovery”). She also asserts that feelings are constructive parts of grief, and feelings need to be identified and expressed. Contemplating the significance of openly expressing genuine emotions prompted me to consider the following question, Q (A-5), *“How easy and comfortable were you when you delivered your honest opinions and expressed your emotions in the Church after you experienced TRB?”*

McCall argues that the bereaved can learn and make a change in the process of grieving. The bereaved can move forward by building a new attachment and investing more energy in ongoing relationships. Nonetheless, she also asserts that the grieving process is distinct and personal for each person. She introduces some different types of grieving such as complicated grief and dysfunctional grief. She encourages pastors to discern the specific type of grieving the bereaved individual is experiencing and support them in sharing their narratives openly. McCall enumerates lots of possible methods of grief therapy, such as cognitive therapy, systemic therapy, existential therapy, and so on. However, I question the effectiveness of pastors without counseling credentials in applying these techniques during their sessions. Yet, I appreciate McCall suggesting that pastors can help the bereaved by listening well, remembering their stories well, and becoming a spiritual advocate. Would these methods be sufficiently helpful to TRB Survivors? What else should we consider more then?

The book, *All Our Losses, All Our Grievs*, delineates the role of pastoral counselors in aiding the recovery of individuals who have been drained by losses, facilitating their ability to establish fresh patterns of living (Mitchell & Anderson, 1983). The book informs mourners how the grief work can be processed at varied levels, from individual to community. The book

reminds pastoral counselors that their basic goal is to facilitate griever's efforts to commemorate their past experience, to help them express themselves and feel understood at the present moment, and to begin investing their energies into hope for the future. The authors also touch on the image of Jesus on the Cross as they explain that our suffering is transformed into assurance that God on the Cross always suffers with us. They also emphasize the importance of remembrance by using rituals. However, I think that they did not explain how griever's could work on their full and realistic remembrance more easily, and they did not consider how the cultural elements sometimes stop griever's from remembering even negative aspects of what has been lost. In summary, the authors recommend that we assist the bereaved by actively listening to them, aiding them in the expression of their emotions and recollection, and serving as spiritual advocates who bear witness to their traumatic experiences. In the process, the particularity of TRB should be acknowledged. All of these processes will help TRB Survivors to make meaning of TRB as they learn and grow out of the experience.

2.4 Pastoral Care and Counseling for Trauma or Bereavement

For the people who live in the postmodern era, what roles of pastoral care are expected? People living in the postmodern society are often located in extremely free and open space where they need a new structure that guides their process of reinterpreting their lived experiences. Gerkin (1986), in *Widening the Horizons*, argues that a pastor can work as both "poetic story sharer and theological, ethical, and/or scientific analyst" (p. 29) while using multidisciplinary resources. The task of pastoral care is to help persons maintain a "context of meaning in all aspects of their lives, individually and corporately" (p. 30). Additionally, a primary goal of pastoral care is to find ways to help people live in the modern world as they sustain

consciousness of “the Judeo-Christian narrative while they also appropriate the best of knowledge and perspectives in the present moment” (p. 30). For Gerkin, the pastor can facilitate finding adequate metaphors and narratives that help people to “see themselves, the world about them, and their purposes within the Christian story” (p. 37). Gerkin intends to help people create their free space where their new meanings of story are discovered as the people are guided by Christian narrative. In that sense, Gerkin’s idea can resonate with narrative practical theology in that narrative practical theology is a continuing hermeneutical process within the context of ministry, and the “intention of that process is the transformation of the human story, both individual and corporate, in ways that open the future of that story to creative possibilities” (p. 54). As Gerkin borrows language from philosopher Hans-Georg Gadamer, he describes the process as the fusion of the two horizons of an individual’s narrative and Christian narrative for transformation.

Gerkin introduces the way how pastors can help people interpret what they go through as they interweaves their individual narratives with metaphors, symbols, and traditions of Christianity. Gerkin claims that, in the area of “center of gravity” (Gerkin, 1986), pastors have to work as a guide of the interpretive process. Gerkin (1997) also explains that the direction of pastoral care has been changing, and pastoral care has to play a role of interpreting leadership. Gerkin’s ideas and thoughts helped me decide to use interpretive phenomenological research, since it can help me interpret TRB Survivors’ narratives in their lived experiences and think of how to fuse the multiple horizons available to them. Lester (2003) claims that his idea can relate to Gerkin’s idea in that the roles of pastoral care and counseling include encouraging people who are going through crisis to reconsider how to reconstruct their narratives by creating new stories. Through the process, people can reconsider what they have taken for granted and view them

differently. For example, some Christians tend to think expressing anger is not desirable behavior, and they often suppress their anger. However, the Christians can reconsider the tendency and decide to live differently after they think expressing anger can be natural human reaction. Then, the Christians can feel free to acknowledge their anger, identify the reasons for it, and creatively express it. In the process, Christians are urged to collaborate with people in groups and to explore new metaphors to re-describe their experience.

D. Kim (2015) introduces the way “grief-work” has been defined by thinkers such as Freud, Klein, Kavalier-Adler, and Kübler-Ross. He thinks the most important task of pastoral care is the minister’s relating to TRB Survivors as the minister empathizes with them. Thus, the importance of empathetic relationship between TRB Survivors and minister indicates that the empathetic relationship between TRB Survivors, the Church, and God is still critically important. Then, what would enable the triangular relationship between TRB Survivors, the Church, and God to go forward in harmony? In the relationship, the minister should affirm the hope and meaning of TRB Survivors’ lives. Lester (1995) claims that pastors’ crucial role is nourishing hope for people in pain as they help them reframe their future narratives. Lester focuses on the process by which people can project themselves into the future reality so that their future stories can contribute to their core narratives. Pastors and TRB Survivors have different roles they ought to play. However, the relationship between pastors and TRB Survivors is mutual in that they are all humans who can be vulnerable and devastated when they are exposed to crisis. They all need other people’s care and support. Everett (2018), in *After the Fire: Finding Words for Grenfell*, describes how he witnessed and participated in the work of helping victims of the Grenfell Tower fire. On June 14th 2017, a fire broke out in the Grenfell Tower block of flats in North Kensington, West London. In the accident, it was reported that 72 people died and more than 70

people were injured. He learned that even helpers, including himself, could become burned out and traumatized while they tried to help out the victims and victims' families. He confirmed that using symbols (i.e., light, open door, candle) was useful in making emotional or psychological transition for the victims and helpers. Everett takes us into a place where we can reflect on the way Jesus' incarnation, torture, and resurrection go in parallel with the stories of the victims. He reminds us that the "Christian creeds assert that Christ's birth, death, resurrection and ascension were not a 'once and for all' historical event" (p. 70) since it can re-occur in a varied form in our context of life. In the ongoing process of restoration, new narratives are created in us and our community, but, as Everett said, "we cannot rush ahead to healing and there are no short cuts" (p. 129). While we give ourselves space to process our traumatic experiences, we can witness how the grace of God is able to do its work in its own time. Everett invites us to a new stage where we can appreciate the possible new meaning of traumatic experience, in its resonance with Jesus' life, and a new possible role of the Church. Then, what other roles of pastoral care can be found to be useful as well?

Patton (1993) claims that God created human beings in order to relate to them as God remembers and cares for all humans, and likewise so can human beings care for and remember each other in community. He argues that the central biblical theme for pastoral care is "being remembered" and "remembering" (Patton, 1993, p. 6). This enables both pastors and laity to engage in the work of pastoral care.

VanDuivendyk (2013) invites us into a place where we can appreciate the phrase, "Blessed are those who mourn, for they shall be comforted" (Matthew 5:4 RSV). He believes that those who mourn will be comforted, and mourning has the effect of comforting so that mourning leads us to healing. Based on his experience of chaplaincy ministry and teaching, he

introduces the image of “sojourner” as he offers specific guidelines and suggestions for sojourning. Sojourner is one who is willing to “support, listen, and compassionately walk with another through their wilderness of grief” (p. 5). He admits that everyone grieves differently, but people in grieving can grow and transform through the wilderness of grief, rather than resist it.

Bowman (2012) also validates the necessity of expressing our emotions freely when grieving. He introduces the way our faith develops in our crisis and how pastors can utilize the theory of family systems in ministry. He considers the comforting role of the minister as a unique one. What he emphasizes is that pastors can help grieving people understand their reality through a balanced view. It does not need to be an unrealistically cliché-based approach, but it can help people accept their reality and move forward as they walk through the process with pastors and envision the divine guidance of God. He asserts that grieving people are able to gain a new identity and are transformed as they become determined to adjust to the loss, to keep on living productively, and to reframe their lifestyle, acting for the good of oneself. This process will help them face loss, become renewed and reinvigorated, and say goodbye to their loss. Bowman suggests to pastors that grieving people be invited to a free space where they can feel and speak whatever they think about their faith or God. It could be a new foundation on which they can build their new theological narrative and faith. His ideas are resonating with other authors in that they claim that each grieving person’s coping pattern and narrative is unique, and they need to be respected. They also agree to the idea that we as humans are correct to show our emotions in the grieving process. Their arguments leave room where we can think of how pastors can help the grieved become more self-authentic and more motivated to reconsider their theological narratives by utilizing proper metaphors. Hence, I arrive at these two questions. Q (A-4), *“If you could, what do you want to say to God and pastors freely when it comes to your*

TRB?” and Q (B-6), “*How will you react if you found your theology and faith conflicting with those of a TRB survivor if they are different?*”

2.5 Reflection on Traumatic Loss

For grief and loss, insightful thinkers have suggested how we can revise our ways of understanding our traumatic losses. There are common themes in these writings. Most of them urge us to reconsider the social web we weave (Attig, 2011; Mitchell & Anderson, 1983), the influence of dominant narrative (Doehring, 2013; Weaver & Stone, 2005), valuing each individual’s story and coping mechanism (Bonnano, 2010; Maynard, 2006), and relearning the world anew (Attig, 2011). Nevertheless, each book has showcased its unique approach to comprehending loss and suffering as well.

Maynard (2006) describes how Julian, a female mystic in Norwich, understood the Black Death situation and finally succeeded in transfiguring the sense of traumatic loss into comforted feelings of love with Jesus. Being poised between life and death, Julian held on to the vision of crucified Jesus on the Cross. The vision of Jesus affirmed her that she cannot appreciate the love of Jesus enough, by which Julian gradually overcame the deep sense of loss by transfiguring the loss into the affirmed message of “*all shall be well*” (Maynard, 2006). This spiritual re-affirmation story is reinforced by the argument that people need hope in order to strive in their suffering (Weaver & Stone, 2005). Weaver and Stone (2005) argued that humans are shaped by their loss and beliefs, which influence their ways of interpreting the suffering. Hope enables people to move forward like “running water” (Weaver & Stone, 2005) for the future, and faith is believed to be of basic resource for people to understand the mysteries of life

and death in the present moment. Weaver and Stone (2005) suggested that grieverers need to make use of “remembering” by practicing spiritual rituals to process their past better.

Thomas Attig, an applied philosopher, sees the process of grieving as “re-learning the world” as grieverers re-weave a new web (Attig, 2011). As a philosopher, Attig (2011) introduces his definitions of “bereavement”, “mourning”, and “grieving” in a systematic way. Attig describes in detail what grieverers’ circumstances and their psychological status look like. To be specific, According to Attig (2011), individuals who are grieving actively seek reassurance and empathetic understanding from others. Attig (2011) maintains that it is important to recognize that the challenges faced by the bereaved extend beyond typical daily problems, as they grapple with the mysterious nature of their grief. Attig also claims that mourners’ particular experiences should be described through “the unique language” (Attig, 2011) that can encapsulate the mourners’ profound hurts in the sharpest and poignant way. Attig introduces a biological principle that elucidates the regulation of grief emotions, thereby piquing our interest in the neuroscientific underpinnings of the reactions exhibited by mourners. According to Attig's explanation, the concept of neuroplasticity appears to be beneficial for mourners, as it offers them the potential to utilize it in transforming their pain into more stable forms of response and opportunities for personal growth. Bingaman (2015) maintains that the neuroplastic principle asserts that our brains are not static entities, but rather undergo continuous changes in both structure and function throughout our entire lifespan. Furthermore, Bingaman (2015) illustrates that contemplative practices, such as mindfulness, have the potential to induce brain changes that can ultimately enhance the well-being of individuals. While Attig provides numerous insightful ideas, it is important to note that he does not delve into the exploration of cultural differences in understanding death from the perspectives of diverse ethnic groups.

Bonanno (2010) argues that most of grievors are resilient enough and each person goes through the bereavement experience differently. According to Bonanno, bereaved people show their own ways of coping with losses, even by displaying their sense of humor during a funeral or successfully grieving on their own without intervention or support. Namely, people's coping mechanisms vary across a broad spectrum, perhaps more than we think, and this also conflicts with the theory that we are required to remove or reshape the attachment we have built with the deceased in order to move forward (Worden, 1991). While Attig urges readers to consider mourner's individual narratives and stories deeply, Bonanno (2010) seems to have expanded this notion of individuality to the extent that we could see the uniqueness not only in the content of the stories, but also in the varied coping mechanisms they display.

Most of these authors argue that individual uniqueness must be considered when we take care of TRB Survivors. Certain sources highlight the profound and impactful role of spiritual resources, such as the image of Jesus on the Cross, in providing solace to those enduring traumatic loss. These sources argue that developing new language, contemplating the mysteries of the human experience, and actively striving for transformation are crucial aspects that can be fostered within a dedicated space for the grieving process. These authors put forth compelling ideas, but I am curious about whether these models or theories are applicable to TRB Survivors within the Korean American church context. This uncertainty arises from the observation that their ideas appear to give little consideration to how cultural influences can shape the coping patterns and lived experiences of grieving individuals.

Rambo (2010) delivers her thoughtful reflection on the way that life and death can be interpreted in non-linear ways in the territory of remaining. She argues that we need to reframe or create new languages in order to understand what it means to witness a loss as we utilize

resources from multiple disciplines, not just theology. She proposes her central theme of the image of a “middle space” between death and love (Rambo, 2010). She claims that we can overcome death through the enduring love of God and the witnessing presence of others. Rambo’s ideas resonate with those of Keller (2008) and Herman (2015). Keller (2008) also emphasizes that we are living in the web of the interaction and connection between people in our ongoing life, and Herman (2015) maintains that the recovery process for trauma begins as we have a witnessing presence who bears witness to traumatic events.

The edited book *Tragedies and Christian Congregations* (Warner et al., 2020) conveys lots of insightful reflections on tragedies. One of the authors in the book, Elaine Graham, leads us to think of our theological task of unmasking the dominant cultural ideologies that fall far short of the profundity of understanding individual suffering because either the death or Resurrection of Christ provide the definitive narrative. She questions how to negotiate elements of tradition and practice as theological resources. She is also interested in the question of how new practices can embody a new way of speaking of God in the light of tragedy. In the book, Carla Grosch-Miller questions why the Church has long maintained “the assumption that the truth of all things in God has been revealed once and for all” (p. 29). She thinks that experience played a role in scripture and tradition. Based on this idea, I would suggest TRB Survivors and the Church to interpret their experiences through the dialogue with the scripture and tradition. Traumatic events often challenge the Church to face its theological complacency as lived experience gives the story the power to “poke the hornet’s nest” and challenges churches to rethink their theology (Grosch-Miller, 2020, p. 41). Considering Graham and Grosch-Miller’s arguments, I have become curious about how we can reframe the relationship between church and God for helping TRB Survivors. Graham’s critical words such as “a new way of speaking of

God” (p. 27) assure me that I can reframe the relationship through the ideas of constructive theology.

In the book, Hilary Ison (2020) shows how the findings of neurobiology show that we are “made for relationship” in every aspect and development as she expounds how the brain and body respond to traumatic events (p. 48). She also argues that trauma treatment “requires both the inward journey of reconnecting with the experience of our bodies where the traumatic memory resides and the outward journey of reconnecting with others who can accompany us with resonant warmth and keep us grounded in a sense of safety in the present” (p. 48). She adds that what crucially enables her nervous system gradually to “return to normal” is the opportunity that “she had been able to discharge her stress hormones in positive action; she had been able to do something – to have agency in the situation” (p. 50). The warm and caring presence of others in the community could help her find a sense of grounding in the present moment.

J. Kim (2010) mentions that “unhandled business” can connect to serious mental illness since the symptoms of mental illness can be a person’s way of expressing unspoken emotions. That is why the embodied mourning process is important. The work of mourning can prevent the subject from aggravating related symptoms in three aspects: 1) emotional, 2) cognitive, and 3) behavioral. For supporting bereaved people, J. Kim (2010) suggests that we, as caring facilitators, need to arrange a space where they feel they are allowed to express their emotions and thoughts fully. J. Kim (2010) also adds that it will be helpful if we encourage those bereaved to find meaningful items related to the dead person in the process of mourning, which has also been suggested by others.

You Sik Ko (2017) suggests that “symbolization” can play a role in buffering the shock and pain caused by trauma. For example, a ribbon or a little doll can be a mutual promise by

which people can share their anxiety, compassion, and hope. When people are traumatized, they tend to become overly self-protective as they use more energy toward themselves. This can rather impair the wellness of themselves and challenge companionship in church. Thus, symbols can be catalysts by which TRB Survivors can face and revisit their pains with less fear, and they can be united, share their compassion, and love each other in church. Ko suggests that this symbol serves as a means for trauma survivors and caregivers to establish a shared space where they can engage in the processes of mourning, remembering, and collectively seeking new meaning and hope.

Carrie Doehring (2019) proposes that “the first step” of “spiritual care” which can “help those who experience religious and spiritual struggles in the midst of traumatic grief” is to “explore body-aware”, “intrinsically meaningful”, and “intentional practices” that help the mourners “experience traumatic grief without feeling overwhelmed” (p. 256). This process will invite mourners to a new space where the mourners can feel the sense of the compassion, goodness, and benevolence of God. In that connection, then, mourners can identify and respond to their struggles with self-compassion, and then they can explore these struggles with trusted others. This literature led me to ask how freely TRB Survivors can express their emotions in a safe place and what rituals or symbols have been made use of in the process.

H. Lee (2017) is concerned about the tendency of understanding PTSD as individual clinical symptoms, disregarding how people are interconnected in community. We, as human beings, need to take care of each other as we are open to showing our dependency and vulnerability. In that regard, he agrees with Mesle’s idea that God’s presence is in the web of relationship between people rather than within each person. In church, people can ensure that they belong to the Church where all of them, even people in marginal positions, can feel

connected and cared for. In that atmosphere, we can take care of each other better. J. Kim (2010) introduces Freud's "work of mourning". A proper mourning process is essential for griever's so that they can draw their libido out of the deceased and restart investing in their lives. He introduces the theories, telling in each phase of recovery how a mourner can display some common behavioral patterns or emotional symptoms as he cites the materials of Kübler-Ross, Eliot, Worden, and Westburg. He encourages care-givers to show their respect and understanding to griever's as care-givers monitor what symptoms of grief are disturbing the griever's.

2.6 Korean American Culture, Psychology, and Spiritual Care for Korean Americans

While I engage in this research project, I must take into account how Korean culture shapes individuals' perceptions of TRB, TRB Survivors, and the necessary spiritual care for them. Korean culture is too broad to pinpoint which aspects of Korean culture influence people's ways of interpreting TRB and TRB Survivors. However, it is evident that the way TRB or TRB Survivors are interpreted in Korean culture might be different from that in other cultures. Some Western scholars have argued that Koreans are one of the most collectivist people in the world (Cho & Yoon, 2002). In terms of cultural legacy, Koreans have been influenced by Confucianism's five key components: "emotional harmony", "hierarchy", "discrimination against out-groups", "network", and "high context orientation" (Cho & Yoon, 2002). All of these cultural elements compel Koreans to have a tendency of "saving face", "valuing we-ness", "accommodating to the group norm", and "surface acting" as they sometimes give up conveying their personal thoughts (Cho & Yoon, 2002). Frequently, this subtly compels Koreans to interpret an experience through a pre-established dominant social perspective. Consequently,

there has been a certain way of understanding people's deaths in the community, and this often stopped individuals from understanding and responding to deaths differently. In the Korean community, there are several Korean proverbs which plainly depict Koreans' severe hostility to death. For example, one Korean proverb can be translated to "This world is better than the rest of the world even if you roll in the gutter". Traditionally, for Koreans death merely means final extinction. Thus, Korean people still tend to understand death, especially TRB, more likely as a negative experience (Song, 2005). Traditionally, in Korean culture, the prevailing belief is that the ideal way to pass away peacefully is in the comfort of one's own home, surrounded by loved ones (S. Kwon, 2006b). This social stereotype and bias have often blocked people from understanding TRB and TRB Survivors from broader perspectives because people implicitly assume tragic death as less than a normative death (Min & Cho, 2017). The preset social lens through which TRB Survivors comprehend their experiences can often intensify their emotions and exacerbate their feelings, depriving them of the chance to explore alternative perspectives on death. Additionally, a highly competitive social climate does not allow TRB Survivors to take much time to grieve, and they are expected to recover their normal routine as soon as possible. While Korea has gone through historical disasters such as the Japanese occupation, the Korean War, extreme poverty, and military dictatorship, Korean people have struggled to survive as they have worked as hard as they could. As a result, heavy economic and social competition have prevailed all around Korean society (Kim et al., 2013), and even more so in the U.S. immigrant community. Korean Americans have to work hard in order to secure financial stability while they struggle with other issues they face. In the United States, Korean Americans often think they have to acculturate to the new culture and set up a reliable social network. Otherwise, they believe, they will feel isolated and lonely. This has led a lot of Korean Americans to attend a

church where they can not only participate in worship service, but also enhance their sense of belonging and relieve elevated stress. While an immigrant's income, education level, gender, social status, and age are related predictors of chronic stress, religious practice and spiritual experiences have been found to help people secure more wellness and become less exposed to depression (Park & Roh, 2013; Koenig et al., 2013; Levin, 1997). This signifies that Korean American churches have an opportunity of helping out TRB Survivors in their recovery journeys.

As TRB Survivors' unhandled business, blocked emotions, and toxic feelings have accumulated, those elements have come to form one of Koreans' most representative psychological traits, *han* (恨; lifelong self-grief). The term "*han*" captures the profound depths of human anguish experienced by individuals, and "*han* is the abysmal experience of pain" (A. Park, 1993, p. 15). *Han*, as a deeply internalized feeling, is comprised of "many feelings condensed together, including resentment, regret, resignation, aggression, anxiety, loneliness, longing, sorrow, and emptiness" (J. Lee, 1994, p. 2). Andrew Park (1993), in his book, *The Wounded Heart of God*, expounds the definition of *han* as he relates it to sin, which is often caused by oppressors. He also proposes his method of how we can relieve the pain of *han* properly. He maintains that throughout the history of church, the relationship between forgiveness for oppressors and God has been dealt with while that of the victims and oppressors or that of God and the victims were relatively neglected. He proposes that we can unravel *han* by going through four steps: 1) awakening, 2) understanding, 3) envisagement, and 4) enactment. His ideas and suggestions are insightful, but he hugely focuses on the relationship between the social victims and oppressors. He does not deal with how *han* can be formed through an individual tragic experience. Even though he mentions how people who are grieving over

irreversible death of people can be restored by relying on transcendence, the possible way of caring for TRB who accumulated *han* in their minds needs to be explored more.

About *han*, Hyun Kyung Chung (1988) maintains that Korean women's lived experiences are the most important resources for Korean theology. In Korea, people's release of *han* is called "*han-pu-ri*" (H. Chung, 1988) which she thinks must be the main purpose of doing women's theology for Korean women. The *han-pu-ri* is comprised of the three steps: 1) speaking and hearing, 2) naming the source of the oppression, and 3) changing the unjust situation by action. She asserts that the gospel of Jesus can provide a divine role of liberation (*han-pu-ri*) and life-giving power. We can consider how we can apply her *han-pu-ri* method along with Park's *han*-healing method for the Korean American church. According to the literature review, partial aspects of Korean immigrant culture can be characterized with its "narrow and negative way of understanding a death" (Song, 2005; S. Kwon, 2006b; Min & Cho, 2017), "acculturation", "one-ness (we-ness)" (Cho & Yoon, 2002), "influence of Confucianism" (Cho & Yoon, 2002), "highly-competitive climate" (Kim et al., 2013), "stress as an immigrant" (P. Chung, 2010), and "the possibility of formulating *han* in the moment of crisis" (A. Park, 1993; J. Lee, 1994). Due to these cultural elements, Korean TRB and TRB Survivors are understood through dominant social narratives or norms. As a result, Korean social narratives and norms has often deprived Koreans of new opportunities of understanding and learning each TRB Survivors' unique story and narrative. Thus, I maintain that each TRB survivor's unique story needs to be heard with curiosity and respect, rather than through a preset bias or an imposed stereotype.

For the Korean church's spiritual care, I assume that there is little difference between the way of doing spiritual care in churches in Korea and in Korean American churches, since, as senior pastors, first-generation Korean American pastors have served most Korean American

churches located in the United States. The first-generation Korean Americans are people who were born and grew up in South Korea, immigrated to the United States as adults, and still live in the United States. What type of spiritual care usually has been provided in Korean American churches then? Sohn (2011) explains that most of the Korean churches have chosen “paternalistic pastoral care” as their main form of spiritual care due to the influence of Confucianism. Pastors, as fathers in a household, have taken the role of educating, protecting, and disciplining in a church. Nevertheless, while this form of spiritual care possesses strengths and merits, it can create an unequal dynamic between pastors and laity. Within the hierarchical structure, pastors assume the responsibilities of education, caregiving, and safeguarding the laity. Consequently, the laity find themselves in a subordinate position, reliant on pastors for education and care. Sohn (2012) also emphasizes that the Korean church should value the healing power of grieving since grieving helps people to reintegrate their fragmented selves as they encourage and support each other in a group. Then, what ideas have been claimed as alternative pastoral model?

You Sik Ko (2018) claims that there is prevailing authoritarian culture and power-mongering in Korean church, by which congregation members find it challenging to articulate their theological opinions or thoughts. They hesitate to broach this subject due to fears of potential isolation from the Church community. He maintains that the Church’s laity should be able to communicate with pastors in a mutually equal, supportive, and open climate, by which they are able to receive compassionate love through self-transcendence.

Hee Cheol Lee (2017) claims that we can think of the “inter-dependent” model of spiritual care. He adds that process theology can provide a helpful theological frame where TRB Survivors can understand the situation through God’s goodness, love, and patience. He also

thinks that the relationship between the pastor as a counselor and TRB Survivors should be one of mutual equality and support so that one can console the other in the meeting.

Based on this review, I came up with questions Q (A-5), *“How easy and comfortable were you when you delivered your honest opinions and expressed your emotions in the Church after you experienced TRB?”*, Q (A-6), *“Do you think people in the Church have grieved for your TRB sufficiently? If not, why do you think so? Have you been feeling safe and had a sense of belonging in the Church after TRB?”*, Q (B-8), *“If the current way of spiritual care is to be improved and reframed, it is expected that the cultural background of Korean Americans and their reality of life as immigrants should be considered. What do you think you will consider when you have to reframe and improve the current style of spiritual care that you employ?”*, and Q (B-9), *“In ordinary time, you might have maintained a certain type of relationship with the laity (i.e. authoritarian pastor and compliant laity). Do you think the type of relationship you maintained should be changed when you take care of a TRB survivor? If so, to what type of relationship does it change?”*

2.7 Process Theology, and Constructive Theology, and Narrative Psychotherapy

(1) Process Theology

Basically, most Korean Christians look to almighty God’s omnipotence, omnipresence, and providence (Sohn, 2011). When they experience TRB, TRB Survivors may cast doubt on the power of God that they have relied on. It is because they cannot understand why an omnipotent God would not prevent the traumatic event from occurring (H. Lee, 2017). For that theological paradox and the conflict they struggle with, I think process theology can provide new theological

insights to TRB Survivors so that they can make better sense of TRB and their reality from a different theological perspective.

Mesle (1993) posits the idea that God does not exert coercive power, but God rather tries to share God's "goodness" with human beings as God shows God's love, patience, and compassion to us. Process theologians understand that the world is composed of a continuous flow of events and ongoing processes. Thus, the future is not a determined or pre-existing thing. The future unfolds through the process of emergence, intertwining with our past experiences and the choices we make in the present moment (Mesle, 2008). In this regard, the historical authority derives from the depth and richness encapsulated by past figures, which serves as the source of our profound understanding and insights (Mesle, 2008).

Then, how does process theology explain the way God or the related divine beings display their power? Process theologians understand that God or divine beings' power is persuasive, not coercive. Therefore, Whitehead maintains, "the life of Christ is not an exhibition of over-ruling power...Its power lies in its absence of force" (A. Whitehead, 1974, p. 56). Cobb and Griffin (1999) claim that "the divine reality, who not only enjoys all enjoyments but also suffers all sufferings, is an Adventurer, choosing the former mode, risking discord in the quest for the various types of perfection that are possible" (p. 75). Cobb and Griffin (1999) maintain:

Creative transformation is the essence of growth, and growth is of the essence of life. Growth is not achieved by merely adding together elements in the given world in different combinations. It requires the transformation of those elements through the introduction of novelty. (p.100)

Thus, God allows TRB Survivors to make a choice while their lives continue to unfold and as each choice is incorporated into their past experiences, God's novelty and love, and their

previous choices. When one undergoes a traumatic event, TRB Survivors become confused, and their faith and theology are challenged (Barlé et al., 2017). For people in pain, such as TRB Survivors, Catherine Keller (2008), in her book *On the Mystery*, maintains that “love does not control and it opens a space of becoming” (p. 88). She implicitly and explicitly suggests that we should reconsider the values of “uncontrolling care”, “interacting relationship”, “one’s constructing narrative by deconstructing absolute/dissolute theology” and “social justice”. Drawing from her ideas, I can infer and comprehend that if a TRB survivor is pressured to repress their emotions in an effort to demonstrate what is viewed as matured faith, it can lead to the individual experiencing symptoms of depression or related psychiatric issues. Thus, Keller (2008) argues that it is “better to rage and plead with God openly than to be caught in a piously depressed alienation: then perhaps, in the flow of emotion, which after all is a motion, a new perspective can break through” (p. 73). Keller (2008) maintains that “honest embrace of our vulnerabilities may turn them into sources of empowerment” (p. 84) and “our worst vulnerability can become, rather than a site of personal dissolution, the opening into an illimitable interactivity” (p. 85). I believe that Keller's concept can potentially aid frustrated TRB Survivors and individuals within the Church to reevaluate their perception of vulnerability and find renewed hope as they envision new possibilities. While people go through TRB, TRB Survivors can have an opportunity of understanding their experience from different perspective as they reflect on Keller’s argument, “God is not apart, God is with, God is remembering: so God is said to be knowing, not to be causing” (Keller, 2008, p. 78).

Process theology also emphasizes the importance of relationships by which people can feel a sense of belonging and being loved. I think it is this web of relationship where TRB Survivors can create better opportunities and spaces of healing and finding their own meanings. I

chose process theology as a conversation partner for the following reasons. Firstly, it can help Korean TRB Survivors to view their faith and theodicy-oriented theology from a different perspective in which God is described as a non-coercive being who gives humans the opportunity of choosing to make their own hopeful future. Secondly, process theology can help TRB Survivors be assured that they are not passive beings whose lives are unfolded as if they or their destinations have already been determined, but they are proactive beings who can author and reframe their meaning of life anew. Thirdly, process theology will help TRB Survivors recover their new identity and freedom to choose what they are going to do now. This will help them not dwell on the past, but rather anticipate what can be created and learned in their lives as they are guided by God's love, compassion, and patience. To this dialogue, I will invite Mesle, Cobb, Griffin, and Whitehead.

(2) Constructive Theology

Pui-lan Kwok (2005) raises the question of the degree to which Asian females can relate their lived experiences to those of the first-century Christians. This was also my question I had toward Korean American TRB Survivors. I wondered how effectively Korean American TRB Survivors could deal with their crisis and difficulty as they deeply resonated with the scripture or other Christian resources that were utilized by those who had different cultural background in the first century. If Christianity is seen as the faith that bears witness to how God's love and grace manifest in human lives, what responsibilities should Christian theology take on to better grasp the emergence of God's love and grace in human existence? I believe theology should serve as a means to capture and illustrate how God's love and grace align with our individual experiences and emotions in the present moment. Consequently, I hold the belief that,

for TRB Survivors, theology should constantly undergo deconstruction and reconstruction. This ongoing process should involve theology reimagining and adapting its resources, such as revamped imagination, language, or symbols, to establish a closer connection with TRB Survivors. Traditional faith resources are able to help TRB Survivors endure their pains and recover their hope to some extent. However, in addition to those resources, traumatized people also need “a possibility that breaks in upon us every day: it is the shape of faithful living; it is the form of a beautiful life” (Jones, 2009, p. 86). So to speak, traditional theology can be limited in accurately capturing TRB Survivors’ lived experience and advocating their voices. The traditional theology has not caught up the location where TRB Survivors are. This limitation, as a gap, makes it hard to coordinate collaborative relationship between TRB Survivors, the Church, and God. That is why we should reconstruct our theology in order to reduce the gap which often disturbs us to interpret and understand our situation properly. Wyman (2017a) introduces the way Catherine Keller explains constructive theology:

Deals with traditional doctrine, yet differentiates itself by not situating that doctrine within a greater systematic structure. It deconstructs the historical formulation of the doctrine, taking stock of what the doctrine has become, how, and whom it serves, yet then turns toward redefinition and reformulation. (Wyman, 2017a, p.100)

Considering that Korean American TRB Survivors might have struggled to find new theological interpretation and meaning from their TRB experiences, I came to ask “What can church do to help TRB Survivors reconstrue their TRB experiences through reconstructed theological lens?” Throughout the history of Christianity, Serene Jones (2009) claims that theology and our faith traditions were born “in the midst of unspeakable terrors and that grace had long been unfurling its warmth and succor therein. The Gospel of Mark calls it “repentance” – that moment when one

is turned around and sees differently” (Jones, 2009, p. 10). Through this process, I think that people become able to describe the new reality that opens up ahead of them. In that regard, I agree with her idea that “the Church is called, as it exists in this space of trauma, to engage in the crucial task of reordering the collective imagination of its people and to be wise and passionate in this task” (Jones, 2009, p. 31). As she continues to have a dialogue with Judith Herman and John Calvin, Jones (2009) maintains that traumatized people’s tales should be brought to shining light as they are encouraged to speak for themselves. It is because “a traumatic event reconfigures the imagination, affecting our ability to tell stories about ourselves and world that are life giving and lead to our flourishing” (Jones, 2009, p. 20). Consequently, “theology’s task is to renarrate to us what we have yet to imagine” (Jones, 2009, p. 21). “If grace has power to reshape the imagination, then theology is the language that both describes that power and evokes it in the lives of people by telling grace-filled stories of new imaginings” (Jones, 2009, pp. 21 – 22). Thus, church should encourage TRB Survivors to recover their capability of imagining by utilizing their reframed theological language. The reframed theological language is comprised of ecclesial resources such as prayer, symbols, metaphors, reinterpretation of doctrines and the Bible, and so on. As Jones (2009) takes the position of feminist theologian, she maintains that traumatized Christians can take healing effect out of “ordering frames of reference” (p. 90) (i.e. reading the Psalms) that many pastors provide to people in crisis in the Church. However, Jones suggests that the Church has to invite traumatized people to an unending open space where traumatized people can “make sure the Word is lived and proclaimed anew in their voices, which would offer a pastoral message of hope and empowerment” (Jones, 2009, p. 91). For the work, Jones (2009) maintains that traumatized people have to reframe their ways of understanding agency, time, voice, permission, and vocation in order to improve their capability of creative

imagination. About the power of imagination, Kwok (2005) also emphasizes the roles of imagination as she suggests utilizing “historical imagination”, “dialogical imagination”, and “diasporic imagination” for Asian women to develop their own postcolonial imagination. Kwok (2005) claims the particularity of people’s own context should be counted in the imagination work. Kwok (2005) states that she was influenced by Gordon Kaufman's perspective on theology, viewing it as an imaginative human creation. Moreover, Kwok (2005) embraces the idea that human imagination also forms the foundation for Gadamer's concept of “fusion of horizons” (p. 39) wherein two distinct historical worlds or perspectives can be meaningfully integrated, allowing for a deeper understanding and connection between diverse perspectives. It is hard to apply the traditional doctrines and generally-used ecclesial resources to advocate and understand the lived experience of Korean American TRB Survivors. Therefore, it is inevitable for Korean American TRB Survivors to reconstruct their own theological framing that enables them to interpret their lived experience in optimized way. That will lead Korean American TRB Survivors to become affirmed that The Gospel is their lived story too, not story of what once happened in the past.

Ha maintains that Edward Farley thinks more highly of interpreting “situationality” than paying attention to the Scripture, and he believed that we can reframe the way of doing practical theology (Ha, 2011). Farley (2003), in *Practicing Gospel*, claims that theology has become narrow as, “in the period from the Middle Ages to the eighteen century, it underwent a change from being a practical knowledge or wisdom that attends the life of faith to a scholarly enterprise of school-located academics and school-trained clergy” (p. 4). He maintains that human beings can be “redemptively transformed under the Gospel” (p. 5), and “we have to allow Gospel to reveal alternative ways of being and speaking in its activity” of ongoing interpretation (p. 6).

These ideas affirm my thesis because the ideas encourage TRB Survivors to interpret their experiences, reconsider their theology, and to collaborate with church and God to cultivate mutually nourishing relationship. Farley (2003) urges us to reconsider how we can connect the Scripture and our situationality in harmonious way. Christians have been educated through “ordered learning” and this often leads them to be restricted to the Scripture as they have “low awareness of the meaning and content of the situation” (pp. 36 – 37). Consequently, the movement should shift from “disciplined interpretation of the authoritative past to casual and impressionistic grasp of the present” (pp. 36 – 37). For him, Gospel is not just what happened and recorded once in the past, but what keeps becoming arranged and authored in the present. Constructive theology helps us creates new languages through which we can try to understand current issues with clarity. Those languages allow constructive theology to interact with cultures and fields of knowledge. Traditional systematic theology has historically been perceived as a framework that guides individuals to comprehend their lives and their relationship with God within a preconceived structure, aimed at preserving its cohesive theory (Farley, 2003).

Constructive theologians think the terminology used in systematic theology might not always be adequate in helping people understand and deal with the issues they face. This is because systematic theology can often compel people to understand God, their issues and problems, and theology within a limited preset scope and boundary where they hardly have freedom of choice. Considering TRB Survivors have tried to understand TRB and to find new meanings through traditional narrative and with the resources traditional systematic theology suggests, constructive theology will help TRB Survivors to reconstruct their own language and create a new theological narrative. With the new language and resources found, they can begin understanding TRB from new perspectives as they interact with other disciplines, cultures, and people. To be specific,

Hodgson (1994) and Kaufman (1993) claim that we have to deconstruct the traditional Christian language in order to create a new one that is better able to help us read and react to issues we currently face. Kaufman (1993) maintains that the image of God has to be reframed today so that we can figure out what can help us determine the boundary where prosperity and wellness is possible for human beings who are interacting with “ultimate mystery”. Hodgson (1994) mainly used the dialectical method and Kaufman employed contextualization in order to construct new languages which are needed in order to understand God, their identities, and the narrative from new perspectives. Farley (1996), in *Deep Symbols*, also proposes the way how we can rethink deep symbols, the words of power such as “tradition”, “reality”, “obligation” (duty), “law”, and “hope”, which have been discredited and disenchanting in postmodern era. Farley (1996) maintains that we can make use of those deep symbols as we rethink them so that those symbols as used as reenchanting symbols which are “incarnated in the actualities of the present” (p. 41).

Lastly, employing constructive theology as dialogue partner is coherent with my research philosophy. My research philosophy emphasizes that the more disciplines are invited for dialogue, the more reliable research outcome and findings can be drawn. Wyman (2017a) maintains that “starting with its emphasis on philosophy, social sciences, and culture, constructive theology has been in conversation with other academic disciplines throughout its history” (p. 83). Consequently, I believe constructive theology will help me work on more comprehensive discussion on research data analysis.

To sum up, the ideas of constructive theology can help TRB survivor, the Church, and God collaborate more effectively as they maintain mutually supportive triangular relationship. Constructive theology can help TRB Survivors reconstrue and reconstruct their reframed way of interpreting their TRB experience as they build up their own optimized theology. Kwok (2005)

and Jones (2009) demonstrated how they could help female Christians suffering from their own issues develop their ways of reinterpreting their situations. That work encouraged me to think of how to suggest Korean American TRB Survivors to reconstruct their own theology. I would invite feminist theologians and Edward Farley for discussion after data analysis. It is because their ideas can motivate Korean American TRB Survivors, who have been unattended people, to build up their theological leadership and be able to speak for themselves. TRB Survivors and church should reinterpret TRB Survivors' lived experience by utilizing imagining, language, symbol, and metaphor in an unending open space. Consequently, constructive theology can provide TRB Survivors, the Church, and God with more suitable theological frame and resources.

(3) Narrative Psychotherapy

What will be needed for us to help TRB Survivors endure the pains, move forward hopeful future, and thrive in their reality? There are many things that can be done. Nevertheless, I believe that once TRB Survivors have emerged from their extremely devastating situations, it is essential to focus on nurturing their agency, identity, and voice. These elements can play a crucial role in helping TRB Survivors discover a sense of purpose in their lives and remain resilient. Then, TRB Survivors can create their own stories.

Brown and Augusta-Scott (2007) maintain that stories are conveyed using language that is commonly used within specific cultural and historical settings. The authors assert that the meanings we assign to our experiences are not singular but rather shaped by cultural and societal contexts of power and knowledge. They propose that we should challenge individualistic approaches when trying to comprehend the struggles individuals bring to therapy. Furthermore,

the authors argue that we must recognize the limitations of essentialist discourse and collaborate with those experiencing pain to help them construct their desired identities and establish new meanings. Their ideas focus on the importance of meaning, narrative, and power. This perspective resonates with my methodology and research method through which I aim to explore ways in which we can support each TRB survivor in their journey to re-authoring their meaning and narrative. This approach is compelling, but it seems to be limited in its comprehension of TRB Survivors' experiences since the authors maintain that narrative therapy enables the counselor to understand TRB Survivors' selves and identities within linguistic, cultural, and relational practices without considering any other aspects. What other ideas or methods have been suggested to help a careseeker author new meaning of their experience?

Freedman & Combs (1996) maintain that people can "externalize" their symptoms and "deconstruct" their learned narratives by which they gain the opportunity of understanding that their identity is separate from their problem and seeing their identity through other narratives. This idea also brings us to the space where we could envision constructing our preferred identity and meaning of life as we reflect on dominant social narratives within a given system. For TRB Survivors, this idea will help them to reconsider how differently they could be taken care of within the Church and other relevant institutions (i.e., psychiatric service institutions).

Coyle (2014) claims that our spiritual narratives should be attended and heard in the Church. Coyle (2014) suggests that our experience has to be understood as it is linked to "master stories of the Christian faith". Therefore, "spiritual narratives live in the present, honor the past as teacher, and look forward to the promise of the future" (Coyle, 2014, p. 14). Richard Hays (2014) also maintains that our new experienced situation enable us to "interact with and interpret" the Scripture in more comprehensive way. To be specific, we can "see some of the

ways in which the Old Testament (OT hereafter) and Gospels interact and interpret one another: in the new situation created by the death and resurrection Jesus, Israel's Scripture is to be comprehensively constructed as a witness to the gospel" (p. 16). Therefore, "the Gospels teach us how to read the OT, and – at the same time – the OT teaches us how to read the Gospels. We learn to read the OT by reading backwards from the Gospels and we learn how to read the Gospel by reading forwards from the OT" (Hays, 2014, p. 4).

As a facilitating co-storyteller, a pastor's purpose is to "unfold, link, thicken, and twist the story in the context of God's story" as the pastor helps careseeker "develop story language and story discernment" (Coyle, 2014, p. 36). In the Church, a pastor can facilitate "the telling and retelling process" by continuing to ask "why?" and using narrative practices such as "externalizing", "re-authoring or re-storying", "ceremonial definitions", "re-membering", "scaffolding" as the pastor shows "the absent but implicit" caring posture (Coyle, 2014).

Karen Scheib (2016) proposes the NET (Narrative, Ecclesiological, Theological) pastoral care model. Scheib (2016) assumes that we, as "hermeneutical beings", continually interpret our experience to make a meaning at every moment through stories. "The NET model reclaims fostering individual and communal spiritual formation as a central task of pastoral care... It rejects hierarchical notions of an expert caregiver and a passive care recipient... storyteller, listener, and the ever-present spirit of God are all coauthors of our stories" (Scheib, 2016, p. 27) in the triangular relationship. Additional purposes of narrative therapy include "deconstructing damaging cultural narratives that contribute to the problem narrative" and "assisting in the reconstruction of a more complex, coherent, multistories, life-giving narrative" (Scheib, 2016, p. 25). Considering that Korean American TRB Survivors have not had enough opportunity of rethinking their narrative due to the influence of collectivism and Confucianism,

the narrative therapy is expected to help TRB Survivors understand how their spirituality or theology have been formulated and how effectively they are working for their problems. The NET would enable TRB Survivors and the Church to live out love and attain growth in the love by encouraging TRB Survivors to “repair limiting and disabling dysfunctional stories” (Scheib, 2016, p. 24). Scheib (2016) asks people in church, the Church itself, and God their identity, purpose, and acting. The NET model will facilitate pastoral care through attending to TRB Survivors and helping them to revision, create, and construct their life stories. Her idea helped me to devise the triangular relationship model where TRB Survivors, the Church, and God interact and collaborate with each other in the process of helping TRB Survivors. Her ideas led me to question Q (B-4), *“After you have experienced of taking care of TRB Survivors, do you believe your theology or way of understanding ecclesial role have been reflexively changed? If so, can you tell me what things have been changed and how they have been changed?”*

The narrative psychotherapy has been built on social constructionism as well as on postmodern discourse analysis. It is a powerful resource since it can help TRB Survivors recover their subjectivity and voice. The narrative psychotherapy also focuses on how a person proactively unlearns the embedded narrative and its influence the person has blindly learned in the community. Then, narrative psychotherapy helps the person to start re-authoring the person’s own meaningful story as the person proactively explores and selects useful resources or an alternative narrative. This idea resonates with my thesis statement that emphasizes the process of unlearning and relearning of TRB Survivors as they build up their own narrative, and the narrative psychotherapy can help TRB Survivors apply this process to the Church as well. For example, they can reflect on how dominant theology has influenced them, and they can establish their “intentional theology” (Doehring, 2015) and a new theological narrative. In this context,

narrative therapy can offer avenues to assist TRB Survivors in examining how their theology or spiritual practices have functioned for them, particularly in the context of comprehending TRB and imbuing it with fresh meaning. Based on this, I came up with questions Q (A-9), *“Have you ever taken the time to reevaluate your faith in God and your theology after experiencing TRB? If you have made such an attempt to renew your knowledge and understanding of God, could you please describe the specific steps you took in this process, and what are the key aspects of your renewed faith and theology as a result?”* and Q (B-5), *“How would you help a TRB survivor if the survivor said ‘I do not need your suggestion or guidance anymore. I would like to reconfigure the faith and theology that I have believed in and upheld for a while now, and I will begin building up my own theology and faith on my own’?”*

2.8 The Cases of Koreans or Korean Americans’ Traumatic Losses

J. Choi (2018) and Seo and Kim (2017) worked on suicide survivors who had lost their families through suicide. Choi (2018) suggests church and congregation members to consider suicide victims’ vulnerability and needs in order to support the victims better. Even though she does not expound the way how we can effectively capture the vulnerability and needs of victims, the conclusion gives validity to my thesis statement which argues that we have to assess TRB Survivors’ vulnerabilities and needs in order to improve the effectiveness of spiritual care provided to them. However, in some cases TRB Survivors have difficulty reading their real need and clearly expressing their emotions verbally because TRB can make them numb, detached, or confused. Therefore a care-giver should facilitate TRB survivor’s process of exploring what the TRB Survivors are struggling and needing. In that regard, Seo and Kim (2017) introduce a compelling research method. They try to capture how the victims have survived after they lost

their families by using the PhotoVoice method in qualitative research. In the research, participants are suggested to use cameras in order to photograph their lived realities. The chosen images enable participants to find and express their unspoken words, by which researchers can learn veiled parts of participants' realities. In the research, they aim at helping the victims express their unspoken emotions and thoughts in creative ways by using the PhotoVoice method. This is why I decided to use the PhotoVoice method in my research too. Based on these two research studies, I came up with questions Q (A-2), *"What do you think are most needed and essential for your healing and recovery after you experienced TRB? What do you think would make spiritual care more effective for you?"* and Q (A-3), *"What do you think are the most helpful things done for your healing and recovery while you were taken care of at the Church after TRB? If you remember there was something done which was not so helpful or even harmful, can you tell me about it?"*

What are possible threats that Korean TRB Survivors can face and what can help them retreat their stress and sustain their resiliency then? Shin (1996) explains how Korean women who became widows in their 30's are struggling in their current reality. They have to endure the negative social stereotype imposed on them and they spend a lot of time missing their dead spouses. They often choose to find a job not only because they have to provide for their families, but also because the structured daily routine helps them recover their will power and self-sufficiency. A group meeting was arranged for them and 400 young widows meet to share their stories and encourage each other. The group meeting helped them develop their new identities and recover the motivation they need in order to move forward. This literature implies that Korean American TRB Survivors might have been exposed to negative social stereotype in the community. It is worth exploring what the Church has done to protect and encourage TRB

Survivors out of those social stereotype and whether church can support TRB Survivors to recover their motivation, will-power, and resiliency by arranging a regular small group for them.

Korean researchers have tried to look for new and effective therapy which is applicable to TRB. Park and Lee (2015) try to use an “Interactive Bibliotherapy” developed by Hynes and Hynes-Berry to see how effectively it can help Korean women TRB Survivors. A facilitator and participant use a selected reading material as therapeutic adjuvants in each session in order to help the participant become more aware of the participant’s emotions and able to express them well. A facilitator and a participant share their emotions, thoughts, and reflection after they read a selected material in session. In a session, a participant is also encouraged to write a poem, letter, journal or essay and to read it in the session. A participant can understand and accept the participant’s emotions and thoughts more through therapeutic interaction with the facilitator. The research result shows that participants gradually accepted their reality, became more able to express their emotions, and reinterpreted their traumatic experience. They could also make more sense of their TRB experiences and they could build relationships with others again after they had completed the eight sessions of interactive bibliotherapy. The bereaved were able to restore their motivation and subjective narrative by reading and writing in sessions as well.

We also need to think of what should be avoided in order not to hurt or disappoint TRB Survivors in the Church. J. Kwon (2016) focuses on the Sewol Ferry case to examine how TRB Survivors were supported and taken care of by the Church. She finds that 80 percent of Christian TRB Survivors of the accident left churches they had attended, and the remaining 20 percent are attending churches reluctantly. They were disappointed or hurt by the Church’s insensitive reaction, lack of proactive support, and fossilized theology. She concludes that what is essentially required for their healing is the power of connection: connection to themselves,

connection to God and lost faith, and connection to people in the community in warm support and understanding. She examines what makes the victims leave the Churches they attended and how connection can powerfully help the victims be restored and healed. This idea urges me to think of how pastoral care can enhance the quality of the relationship between TRB Survivors, the Church, and God in the triangular relationship I propose.

Hur (2014) works on middle-aged Korean women who suffer spousal bereavement. She finds out that even though the women have been disappointed by unskillful pastoral care and counseling, they still thought of the warm love of people in church and the transcendent love of God as the most healing resources for themselves.

Each research study conveys critically important research findings. However, the studies do not analyze how the victims responded to their traumatic loss and how people's way of providing care can be influenced by the Korean culture. In addition to that, those studies suggest fragmentary advice ('what we have to do') or solution ('what can help them') at the end. I wish they had invited the victims to the research process as co-researchers so that they could collaborate to make room for developing a more fundamental framework.

2.9 Summary of Literature Review

While I reviewed literature about TRB Survivors, I split the theme into several relevant topics. Definitely, TRB Survivors have been taken care of at church after they have experienced TRB. However, there is still veiled multi-layered complexity of TRB and TRB Survivors which waits to be excavated. There have been few research that deal with Korean American TRB Survivors, and the researches did not have sufficient dialogue with multidiscipline (i.e. theology, neuroscience, sociology, psychology, and so on). Some researches worked on exploring and

showing Korean American TRB Survivors lived experience, but those researches did not go deep enough to touch upon their real need, complex emotions, and reflexive relationship with the Church and God. However, I have found many literature I read suggest several things in common: importance of connection, necessity of employing multidisciplinary resources, respecting and valuing TRB survivor's particularity, facilitating TRB Survivors' process of recovering and reframing their narrative, and so on. This literature review affirms my proposition that this research is worth working on for Korean American TRB Survivors in the United States. I also made up my mind to have sufficient and broad dialogue with authors who use different disciplines. After my research's data is analyzed, I will have dialogue with process theology, constructive theology, narrative psychotherapy. The discussion with those resources will shed light on blind spots which have not been introduced to consider. This comprehensive dialogue will help us think in what way typical spiritual care provided to Korean American TRB Survivors can be reframed into more effective spiritual care. The literature review also helped me shape research questions I have to ask TRB Survivors and people in church collecting additional information that is consistent with the purpose of my research. More than anything else, I aim to help TRB Survivors show and talk about their lived experience through thick description so that we can learn how they have lived after TRB experiences more. Based on literature review and my own assumptive thoughts, I composed two research questions and thesis. I can suppose that the thesis and my research conclusion will be different in some ways at the end. The difference between my thesis and research findings will be important outcome that will invite me to other area where I can see and find new aspects of TRB Survivors' lived experience.

Chapter 3. Research Methodology and Methods

3.1 Research Purpose and Assumptions

A. Research Purpose

My research aims to gain insight about reframing spiritual care for TRB Survivors in the Church. Based on the literature review, I propose that TRB Survivors, the Church, and God can establish a reflexive triangular relationship after TRB occurs. In the Church, TRB Survivors often have been provided with clichés of advice, uniform guidance, or quick solutions along with structured rituals for consolation in church. Through spiritual care, TRB Survivors come to learn additional knowledge, new frames, and helpful insight. Then, an enormous amount of learned resources will be stacked on their basket of resources. I cast doubt on whether this additional learning and stacking are really working for TRB Survivors effectively. In that sense, I think the Church has to help TRB Survivors gradually unlearn and deconstruct their lived theological resources in the process even though the Church and TRB Survivors would not need to work on this during TRB Survivors' crisis stage. So to speak, TRB Survivors should unlearn in order to learn. The current method of pastoral care provided to TRB Survivors in church needs to be examined to see how effectively it is working for TRB Survivors. In the research, I expect to find what can lead the current pastoral care to become disconnected from the real needs and voices of TRB Survivors and what can be done to make it work for TRB Survivors more effectively. As I mentioned in the first chapter, I have two main questions. *First, how can we provide a more effective way of spiritual care and counseling to TRB Survivors? Second, after TRB, what relationship can be established between TRB Survivors, the Church, and God so each can help and nurture one another by using their own resources?* I suppose that the Church has to help

TRB Survivors unlearn and deconstruct their theological understandings so that their real needs and gaps can be shed light on and filled up with God. Throughout my research, I would be able to 1) show what TRB Survivors' lived experiences look like, 2) facilitate and make sure how TRB Survivors have made their own meaning in lives, 3) collaborate with TRB Survivors to advocate their process of reconstructing the new truth and knowledge about their experiences, and 4) suggest how we can reframe the way we provide spiritual care to TRB Survivors in the reflexive triangular relationship. On top of that, we can gain additional insight and wisdom of understanding the life and meaning of TRB Survivors who struggle to recover a new normality of their lives. Through this research, I aim to redirect our attention to TRB Survivors and the Church so that we can learn and understand TRB Survivors' lives, thoughts, and emotions, and those of the Church, more deeply. I aim for this research to assist us in comprehending the underlying and overt aspects of TRB Survivors' lives, as well as to contemplate the Church's practical, theological, or spiritual responses with the goal of enhancing their effectiveness. Additionally, it is also expected that the way how God responds and relates to us as God shows God's presence in the midst of the process of recovery will be understood from a new perspective.

B. Research Assumptions

I have three research assumptions that explain why I decided to employ interpretive phenomenological method. First, I assume that the phenomenological method can help me capture the "core essence" and "meaning" (van Manen, 2016) of TRB Survivors' life and of people in the Church after TRB. Once I grasp the meaning of their lives after TRB, that will help me understand the real situations of TRB Survivors and people in the Church. Then, this

understanding will lead me to find proper answers to my research questions. Second, phenomenological method will help me and participants find plausible answers to the two research questions I raised in the beginning of this research. For the purpose, phenomenological method will help me and research participants understand how several individuals' common experience and process occur (Creswell & Poth, 2018). A researcher can interpret the meaning of research participants' lived experience (Creswell & Poth, 2018) and research participants can reframe their ways of understanding the meaning of their lived experiences by collaborating with the researcher and affirming their voice. Throughout this process, I expect that new knowledge and truth will be discovered by Johari Window Model's concepts of "blindspot" (not known to self, but known to others) and "façade" (known to self, but not known to others) (Newstrom & Rubenfeld, 1983) between TRB Survivors and the researcher. This collaborative interaction between the researcher and participants will enhance the process of constructing new realities and knowledge (Guba & Lincoln, 1994). Third, the in-vivo coding method fits the phenomenological research method. In qualitative research, the term "in-vivo" is used as a code to represent a specific expression or phrase taken directly from the participants' actual language as found in the data record. (Saldaña, 2016). The in-vivo coding method allows researchers to use participants' own words and expressions, preserving the authenticity of their voices. By directly incorporating the spoken language of research participants, the in-vivo coding method ensures that their perspectives and experiences are prioritized and effectively captured in the qualitative analysis (Saldaña, 2016). This approach enhances the richness and depth of the data, providing valuable insights into the participants' thoughts, feelings, and lived experiences. Consequently, I can show and describe the lives and experiences of TRB Survivors and people in the Church more vividly by utilizing the in-vivo coding method.

3.2 Methodology

Basically, the methodology I employ as I work on this dissertation is closely related to the methodological ideas proposed by Don Browning, Elaine Graham, and Richard Osmer. Don Browning's methodological philosophy, Elaine Graham's methodological insight, and Richard Osmer's methodological tasks constitute the main frame of my dissertation.

Browning encourages us to critically engage concrete and complex issues witnessed in the Church as we participate in critical dialogue where multiple disciplines are utilized (Browning, 1996). The idea gives the insight that the more disciplines we use, the more likely we are to reach the truth of the problem in the given context. I think it is essential for us to utilize multiple disciplines because it can help us interpret TRB Survivors' issues and reframe the approach to spiritual care in a more comprehensive way. Browning had led us to shift our theological paradigm from a "clerical and ecclesial one" to a "public one" as we interpret our cultures and suggest normative practices (Browning, 1996). Browning argues that practical theology must be practically working and functioning in the situation (Browning, 1996). However, borrowing ideas and theories from multiple disciplines is not enough to allow us to understand TRB Survivors' situations and needs. This is because various disciplines are occasionally selected as resources, and while they offer a broader range of information, the chosen resources from multiple disciplines may not collectively provide an exhaustive understanding of TRB Survivors and their situations. When it comes to assessing and caring for TRB Survivors, ensuring that we've addressed all the issues requiring attention and utilized adequate resources or methods is a challenging task. It's difficult to ascertain whether hidden issues, underlying causes of problems, or unspoken needs of TRB Survivors still exist. In some

instances, the approach taken may offer only a limited, superficial solution if it doesn't involve listening to and incorporating the important individual narratives into the process of theological reflection. As a result, a more effective way to support TRB Survivors is to create an environment where all their issues can be explored and addressed in a comprehensive manner, even if it may not be entirely exhaustive. This is why I assert that the Church should serve as an open space where the porous gaps (problems and needs) of TRB Survivors can be thoroughly examined and filled.

Secondly, Elaine Graham suggests several ways that the Church and TRB Survivors can fill this gap (Graham et al., 2019; Graham, 1996). In the book, *Theological Reflection: Methods*, Graham et al. (2019) introduce seven ways that can help us work on theological reflection which mainly employ people's narrative stories, their theological poetry ("theopoetics"), and corporate theological reflections. This methodology will help Korean American TRB Survivors proactively participate in the work of collaborative theological reflection after they experience TRB. Their experiences, narratives, and theological challenges are resources on which they can build up new theological understandings and the Church can revise its theological interpretation and rebuild its theological wisdom. The Church can also affirm to TRB Survivors that they have a freedom to unlearn and deconstruct their theologies so that they can start theological reflections and dialogues more proactively. Once their theologies are unlearned, TRB Survivors, with the supportive relationships with the Church, can re-interpret, re-learn, and re-build ways of understanding TRB. After this, TRB Survivors are mourned and redeemed in the mystery of divinity, and then they can move forward as they find a new meaning of life.

Lastly, Osmer (2008) suggests the four main tasks of practical theology: 1) "the descriptive-empirical task", 2) "the interpretive task", 3) "the normative task", and 4) "the

pragmatic task”. The descriptive-empirical task means a researcher’s working on the process of “gathering information that helps us discern patterns and dynamics in particular episodes, situations, or contexts” (Osmer 2008, p. 4). The interpretive task is a researcher’s work of “drawing on theories of the arts and sciences to better understand and explain why these patterns and dynamics are occurring” (Osmer 2008, p. 4). The normative task helps a researcher work on the process of “using theological concepts to interpret particular episodes, situations, or contexts, constructing ethical norms to guide our responses, and learning from “good practice”” (Osmer 2008, p. 4). The pragmatic task means “determining strategies of action that will influence situations in ways that are desirable and entering into a reflective conversation with the “talk back” emerging when they are enacted” (Osmer 2008, p. 4). These tasks will constitute the main structural frame of my dissertation. To be specific, in my dissertation, the literature review chapter will fulfill the descriptive task. Then, the qualitative research and data analysis chapters will be committed to the descriptive and empirical task and the interpretive task. The discussion chapter will be related to the normative task, and the conclusion chapter will suggest the pragmatic task based on the research findings. This frame will guide me to find answers to the suggested questions “what is going on?”, “why is this going on?”, “what ought to be going on?”, and “how might we respond?” (Osmer, 2008) as I move forward in the research. These methods will help TRB Survivors and other people in the Church find authentic ways to understand TRB, to create new meanings, and to re-build their theology through the process. Then, it is expected that TRB Survivors will interact with the transcendence of divinity and they can find newly revealed meaning and messages out of their interaction with God.

3.3 Research Methods

This dissertation will suggest a new way of reinforcing the collaborative relationship and establishing a desirable pastoral leadership of the Korean church by understanding the core essence and meaning of TRB Survivors' lived experience. Considering my research purpose, I decided to use phenomenological qualitative research since I believe it will sufficiently increase the effectiveness of research for the following reasons.

A. Why Qualitative Research?

Qualitative Research (QR hereafter) is an approach by which we can more deeply understand interviewees' lived experiences in their contexts. Swinton & Mowat (2016) assert that QR operates on the assumption that complexity forms the basis of what is commonly accepted or taken for granted. Consequently, the purpose of QR is uncovering and interpreting those complexities in order to better understand and act in a given situation. Considering this merit QR can provide, I am sure that QR will enable me to examine and understand the complexity of what TRB Survivors undergo better than when I utilize other research method. In the time when traditional positivism prevailed, we pursued "nomothetic knowledge" as we validated a research conclusion based on "falsifiability", "replicability", and "generalizability" (Swinton & Mowat, 2016). However, QR usually leads us to pick up "idiographic knowledge" as we naturally recognize the hidden aspects of a research subject in its context (Swinton & Mowat, 2016). It means that QR enables us to find the unspoken voices or unseen stories between the lines which might have not been revealed if we had used a research method other than qualitative research. I think truth is more likely to be fluid and it often changes its location and quality depending on a given situation, context, imposed will, time, and so on. That is why I believe we need to keep track of the truth as we continue to reflect on what we believe to be true rather than

staying in a complacent place with our fixed notions. In that sense, I strongly support the idea that truth and knowledge are constructed by individuals and communities as they exist in multiple realities (Swinton & Mowat, 2016). QR is leading us to move forward as it helps us explore veiled aspects of a lived experience. We do QR in order to explore and understand a problem. This exploration and understanding will help us identify variables of TRB Survivors that cannot be easily measured when we hear “silenced voices” (Creswell & Poth, 2018, p. 45).

Considering my research topic and purpose as I reflect on these properties of QR, I become more affirmed that QR will be a proper research approach and tool for the following reasons. First, QR will enable me to collect a sufficient amount of data and information that represent the particularity of each TRB Survivors’ story. We will cherish each TRB survivor’s individual context and uniqueness more. I think the way they have been understood and cared for by people in churches around them has led to limited understanding of TRB Survivors’ particular experiences and contexts. Pastors and laity people tend to use the Church’s dominant theological lens and internalized cultural lens to view TRB Survivors and they often go over preset rituals. When the Church uses those resources, people in the Church use a certain way of caring for TRB Survivors rather than inviting them to listen to and learn their narrative within TRB Survivors’ contexts. For example, the way the Korean American church interprets TRB and its survivors often relies on its God’s providence and theodicy. This often leads people and the Church to blindly rely on the typical form of spiritual care with little consideration of TRB Survivors’ particular contexts and narratives. In the situation the typical form of spiritual care was provided, I also have seen pastors or laity people quote their favorite part of the Scripture and weave their own stories as they correlate what they experienced to what they learned in the Sunday School (Kwon, 2012). For example, when somebody goes through TRB, pastor and laity members will

arrange a funeral for the TRB survivor at first. Then they will visit TRB survivor's house to listen to and console the TRB survivor. From that time on, they will continue to pray for the TRB survivor. They would try to encourage the TRB survivor by quoting some biblical message and weave a story as they correlate what they witnessed to what they learned in the Sunday School (Kwon, 2012). In some cases, pastor or people in church, with good intention, try to help the TRB survivor analyze the TRB as the TRB survivor seeks new vocations following the guidance of God. In the process, however, TRB Survivors' individual voices and stories have been unintentionally trivialized and disregarded, which might cause TRB Survivors to feel they were not understood or cared for well enough. It is when individuality and uniqueness are disregarded by dominant narratives that the efficacy of spiritual care diminishes and TRB Survivors may easily feel that their painful experiences are regarded as just one among numerous stories. In that regard, I aim to help people understand TRB and TRB Survivors differently as they shift their mindset and perspective by using QR. Second, I will also focus on the relational collaboration between TRB Survivors and the Church. Rather than listening to TRB Survivors only, I will listen to what pastors in the Church say as I conduct this research. This work might signify what problems or gaps have stopped TRB Survivors and the Church from working more constructively together. Experiencing TRB will have an impact on TRB Survivors and the Church at the same time, since TRB often contradicts theological notions we have taken for granted. QR is a proper research approach since it values collaboration among participants and the researcher. The democratic research dynamics of QR will also help TRB Survivors and the Church create new wisdom out of the TRB experience. Considering that my methodology and conversation partners (process theology, constructive theology, and narrative psychotherapy) value facilitating participants to find and build up their own voices and narratives proactively

within a democratic setting, QR will be an adequate research method. Third, QR will help participants and myself display our adaptability, reflexivity, and subjectivity while the research is being conducted (Creswell & Poth, 2018). The research does not begin with observing or analyzing a fixed object as I gain data, because that approach is likely to make TRB Survivors passive participants who only answer the given question. In order to help TRB Survivors explore what they have gone through, what they are actually feeling, what they really need, and what they can do here and now, I and participants have to consider all of the usefulness of adaptability, reflexivity, and subjectivity that QR allows.

B. Why Phenomenological Method?

Phenomenology is a method of research philosophy that facilitates a researcher's effort to explore the deep essence and meaning of the lived experiences of a person. With a thick description, a researcher can help readers vividly imagine and understand what TRB Survivors' lived experiences are like. In that sense, van Manen (1990) maintains that "phenomenology is, in a broad sense, a philosophy or theory of the unique; it is interested in what is essentially not replaceable" (van Manen, 1990, p. 7). Consequently, in conducting research on humans, this tool is effective for understanding the characteristic phenomena or experience of the subject.

Considering that TRB has been dealt with in the Church and TRB Survivors often felt they were disappointed or unsatisfied with the provided pastoral care (Kwon, 2016), we need to understand and interpret the problem in context. TRB Survivors and people in churches try to help TRB Survivors move forward into a new normal phase of life, but the people in churches often see a discordant outcome despite their efforts (Kwon, 2016). The repeatedly occurring problems often signify that the problems have been seen from a limited perspective as we utilize resources in

certain ways and, as a result, miss something unintentionally. Thus, this chronic problem urges us to view the problem from multiple perspectives as we assess the particularity of the problem. We often find ourselves accustomed to simple cause-and-effect approaches as we try to explain or analyze a problem. However, for human beings, their lived experiences are too unique for us to apply one-size-fits-all lens for studying them or finding solutions for them. I think that there are unveiled or unspoken messages between lines of data in research, and those messages can be approached as a researcher and a participant keep talking, describing, and interpreting. Based on these characteristics of phenomenology, I am affirmed that phenomenology is the most adequate research method for my dissertation for the following reasons. First, phenomenological qualitative research (PQR hereafter) gives room for a researcher and participants to explore both the explicit meaning in the experience and the unspoken message in it. The meaning of what is delivered through the text or data can be hidden, so the significant meaning of an experience resides within the text but is also concealed within it (Paley, 2017). PQR focuses on the description and the intentional interpretation of the experience at the same time. Husserlian phenomenology, represented by Giorgi, emphasizes the necessity for PQR to confine itself to mere description while Heideggerian phenomenology, as advocated by van Manen, contends that interpretation is unavoidable (Paley, 2017). I agree with the opinion of Heidegger since we cannot be free from imposing our interpretation on an observed experience. By utilizing the combination of “description”, “writing”, “re-readings”, and “interpretation” (Paley, 2017), I think that we are more able to find the truthful meaning of the experience as we bear witness to TRB Survivors’ lived experience. According to Caruth (1995), the encounters and realities of trauma survivors are difficult to approach and evaluate, yet fragmented recollections resurface unpredictably. Thus, PQR can leave room to the researcher and TRB Survivors for integrating

and reconciling experiences through new insight gained in the process of description, writing, re-reading, and interpretation. Thus, I expect that new truthful findings and meaning of TRB Survivors' lived experience can be uncovered throughout interaction between the researcher and participants by employing PQR. Second, PQR can aid a researcher in uncovering credible and consistent findings during the research process, even when a limited number of samples are involved. Qualitative research aims to avoid offering a universal or generalized conclusion. It is because PQR normally focuses on description and exploration of human experience as it collects data from a few samples. Despite of relatively small number of sample, a researcher can secure the "trustworthiness" of the research data and findings by employing techniques to establish "credibility", "transferability", "dependability", and "confirmability" (Lincoln & Guba, 1985). Additionally, PQR can include utilizing not only "meaning attribution", but it can also use "common themes" and "casual hypothesis" (Paley, 2017). Exactly, meaning attribution involves extracting significance from the data, resulting in the assignment of meaning to each data item as well as to the overall phenomenon (Paley, 2017). In general, common themes are confined to the sample and emerge once a researcher categorizes each data item into different groups (Paley, 2017). Then the most highly emerged categories in a frequency are found out. Causal hypothesis pertains to a process of categorization in which two categories demonstrate their correlation with the data (Paley, 2017). As a result, despite the limited sample size, PQR can serve as an effective method for researchers to uncover and gather credible findings. Third, PQR enables a researcher to join the journey of TRB Survivors for whom the meaning of their experience continues to be differentiated and derived out of a core essence. Even though Paley (2017) mentions that "following van Manen's lead, the PQR research literature does not make a distinction between meaning and essence" (p. 19), I believe that meaning is like a fruit continually derived from the

fundamental essence, much like apples continuously produced from a single tree with its roots. In other words, novel meanings will emerge, be uncovered, and be constructed through the continuous interaction among research participants, researchers, and the phenomena (Guba & Lincoln, 1994). This image resonates with the basic idea of process theology. As many process theologians argue, things are changing and endlessly becoming new at every second. The way we understood and treat TRB Survivors yesterday might not be the most efficient way of treating them here and now. TRB Survivors' excavated meanings are being derived from the core essence. This approach will help us sharpen our ways of understanding TRB Survivors and our ways of responding to them properly. This idea also resonates with our necessity of bearing witness to them in their journeys (Rambo, 2010; Caruth, 1995) since PQR enables the researcher to remain empathetic with a survivor as the researcher explores the core essence and meanings of the survivor's lived experience. These three merits of PQR clarify the reason why I decided to use the PQR method. PQR can effectively help me show in what context TRB Survivors are struggling to discover meanings out of the core essence of their lived experiences through insightful descriptions and interpretations of their experiences.

C. PhotoVoice Method

I will utilize "PhotoVoice" (Wang & Burris, 1997) in addition to PQR since it will elevate the synergetic effect of excavating TRB Survivors' unspoken messages. PhotoVoice is a research method that was introduced and utilized by Wang and Burris (1997). In their research, cameras were used for interviewees to take a picture of their realities (Wang & Burris, 1997). PhotoVoice offers an alternative to positivist methods of knowledge acquisition by actively engaging with and learning from interviewees' self-selected images and voices (Wang, 1999).

The utilization of a photo (image) empowers research interviewees to convey their hidden or unspoken realities to others, frequently leading to the questioning of prevailing knowledge and complacently practiced strategies set forth by authorities (Wang & Burris, 1997). I believe that what we can express by using language is limited, and there are a lot more things which are beyond linguistic description. I decided to use PhotoVoice method for this research in order to increase the credibility of this research. The PhotoVoice method, as an additional different research method, will improve the level of credibility of research (Denzin, 1978; Patton, 1999). So to speak, PhotoVoice method, as a “methods triangulation”, will play a role of “triangulation” that will help establish the credibility of this research (Denzin, 1978; Patton, 1999). According to Graham et al. (2019), Christian witnesses fulfill roles that involve providing richer descriptions and creative narratives. In this context, utilizing PhotoVoice can assist both research participants and researchers in embodying the role of Christian witnesses for capturing the lived experiences of the participants. PhotoVoice research consists of three phases: 1) gathering the most descriptive and meaningful photos that accurately represent the participant’s perspectives and experiences, 2) engaging in a reflective dialogue with an interviewer, and 3) researchers then engage in the coding process (Wang, 1999). This method stands out for its efficiency as it empowers marginalized interviewees who rely on powerful images instead of dominant language or traditional intelligence (Wang & Burris, 1997). This reflects the important merit of the PhotoVoice method because TRB Survivors might become vulnerable and their experiences are too unique for researchers to utilize traditional research methods (i.e., interview, survey, or questioning) as the conventional approaches may inadvertently strengthen individuals' sense of powerlessness, inadequacy, and disconnection for the limitedly used language in the research (Wang, 1999).

D. Interview

In order to help interviewees secure and display their own power, I explained to interviewees that an interview is a collaborative and mutual work of exploration between researcher and an interviewee. In the interview, I employed Carl Rogers' "Person-Centered Therapy" (Rogers, 1961) approach as needed. I thought the approach would help interviewees become relaxed and feel respected so that they could take off the "best-Christian-mask" and become more relieved with greater freedom and honesty. Based on sufficient literature reviews, I made up interview-questions to use in the interview. The interview questions for TRB Survivors and for pastors were not the same. I recruited four TRB Survivors and four pastors who had agreed to participate in my research. The ethical aspects of research should be considered too. Before starting each interview, I showed them informed-consent-form and explained each term in the document. I encouraged them to ask me any questions regarding the informed consent, and they signed the form once they fully understood and agreed with the all the terms. I had two interviews with each TRB survivor and only one interview with each pastor who has witnessed and taken care of TRB survivor in church. For TRB survivor, the interview is a 70-minute session which consists of a 50-minute interview and 20 minutes for PhotoVoice work. On orientation day, the scheduled interviewee and I sat together (or meet on Zoom), and we reviewed the Informed-Consent-Form as I explained each term. Once the interviewee and I had a Q&A time and the interviewee agreed to participate in the research, the interviewee signed the form. Right after that, the basic purpose, process, and method of PhotoVoice were also expounded through both verbal explanation and the manual document. For the interview, I sent questionnaires to each interviewee by email three days prior to the appointment day so that they

could take time to prepare their answers in advance. The entire interview process was audio/video-clip recorded, and this clip was transcribed with noting the interviewee's unusual or distinguished non-linguistic expression displayed during the interview. After each interview was done, the interviewee showed 1 to 2 photo(s) the interviewee thoughts meaningful in terms of describing the interviewee's daily life, theological reflection process, or the process of recovering new normality. An interviewee elucidated the significance of each photo, connecting them to the interview's objectives as they discussed the relevance of each image. Then, the researcher worked on the initial rough coding process. The second interview was scheduled one month after the first interview. During this interval, the interviewee continued to take pictures and reflect on their answers to the second interview questionnaires. I had two interviews with TRB survivor research participants to increase the credibility of this research. Conducting two interviews with TRB survivor participants in different time also boosted the degree of credibility of research (Denzin, 1978; Patton, 1999). The two interviews, as a "triangulation of sources" could play a role of "triangulation" that will increase the credibility of this research (Denzin, 1978; Patton, 1999). The second interview followed the same procedure as the first one. However, the way of making up the interview questionnaires was different. During the initial interview, all the questions were pre-constructed and rooted in the literature review. However, in the second interview, half of the questions were pre-made, but the other half were made as I consider what the client said in the first interview. Thus, half of the 2nd interview questions were different to each participant. The reason why half of the questions were custom-tailored for each interviewee was to capture the uniqueness and individual narrative of each interviewee as much as possible in their context. This also adheres to my research purpose and assumptions. All the dialogue and reflections I had with interviewees were recorded by audio/video camera and they

were transcribed on a note. All information disclosed and shared in interview and PhotoVoice procedures were kept confidential. The whole interview process and schedule for TRB Survivors are summarized in the table below (Table 2).

Table 2

Interview Process and Schedule for TRB Survivors

Time Line	Start Day (D-day)	1 week after D-day	5 week after D-day
Title of meeting	Orientation	The 1st Interview	The 2nd Interview
Interview	Orientation	As planned	As Planned
PhotoVoice	Orientation	As Planned	As Planned
Subjects	Researcher Interviewee	Researcher Interviewee	Researcher Interviewee

For the interview with people in church, all the procedure will be the same except that I will have only one interview with them. The interview with people in church will be conducted after I finish the first interviews with TRB Survivors to compare how the different views of TRB Survivors and people in church might have about their spiritual care. The whole interview process and schedule are summarized in the table below (Table 3).

Table 3*Interview Process and Schedule for Pastors*

Time Line	Start Day (D-day)	1 week after D-day
Title of Meeting	Orientation	The 1st interview
Interview	Orientation	As planned
PhotoVoice	Omitted	As planned
Subjects	Researcher Interviewee	Researcher Interviewee

Based on the literature review and my reflection on it, I made up questions for the 1st interview with interviewees as written below.

E. Questions for interview

Table 4

Questions for TRB SURVIVORS

Q (A-1)	After your TRB, how have your relationships with the Church and God changed and how have you reacted to and handled that change?
Q (A-2)	What are most needed and essential for your healing and recovery after you experienced TRB? What would make spiritual care more effective for you?
Q (A-3)	What are the most helpful things done for your healing and recovery while you were taken care of at the Church after TRB? If you remember there was something done which was not so helpful or even harmful, can you tell me about it?
Q (A-4)	If you could, what do you want to say to God and pastors freely when it comes to your TRB?
Q (A-5)	How easy and comfortable were you when you delivered your honest opinions and expressed your emotions in the Church after you experienced TRB?
Q (A-6)	Do you think people in the Church have grieved for your TRB sufficiently? If not, why do you think so? Have you been feeling safe and had a sense of belonging in the Church after TRB?
Q (A-7)	Do you think pastors and people in the Church have tried to listen to your story as they showed understanding and empathy? If there were such moments when you were assured that they did, what affirmed you that they did so at the time? While they listened to you, did they try to attend to you without imposing their knowledge or bias, nor hurrying you to recover soon?
Q (A-8)	What gives you meaning and hope for your life? What do you do to embody and fulfill those things?
Q (A-9)	Have you ever taken the time to reevaluate your faith in God and your theology after experiencing TRB? If you have made such an attempt to renew your knowledge and understanding of God, could you please describe the specific steps you took in this process, and what are the key aspects of your renewed faith and theology as a result?

Table 5*Questions for People in Church*

Q (B-1)	How well have you tried to attend and listen to TRB Survivors? When you attended to them, did you focus on listening to their stories without imposing your knowledge, theology, or bias, nor hurrying them to recover soon?’
Q (B-2)	What you do believe the most helpful thing(s) you did for taking care of TRB Survivors, and why do you think so?
Q (B-3)	What resources of church do you think would be helpful ones that can be used for taking care of TRB Survivors, and why?
Q (B-4)	After you have experienced of taking care of TRB Survivors, do you believe your theology or way of understanding ecclesial role have been reflexively changed? If so, can you tell me what have been changed and how they have been changed?
Q (B-5)	How would you help a TRB survivor if the survivor said “I do not need your suggestion or guidance anymore. I would like to reconfigure the faith and theology that I have believed in and upheld for a while now, and I will begin building up my own theology and faith on my own”?
Q (B-6)	How will you react if you found your theology and faith conflicting with those of a TRB survivor as they are different?
Q (B-7)	When you see that you or a TRB survivor are about to emotionally, spiritually, or physically burn out, what do you do for it?
Q (B-8)	If the current way of spiritual care is to be improved and reframed, it is expected that the cultural background of Korean Americans and their reality of life as immigrants should be considered. What do you think you will consider when you have to reframe and improve the current style of spiritual care that you employ?
Q (B-9)	In ordinary time, you might have maintained a certain type of relationship with the laity (i.e. authoritarian pastor and compliant laity). Do you think the type of relationship you maintained should be changed when you take care of a TRB survivor? If so, to what type of relationship does it change?
Q (B-10)	When you take care of a survivor, do you count the particularity or uniqueness of their TRB? If so, how do you address or deal with that within the pastoral care setting? Do you arrange and conduct rituals and spiritual care as you customize those to the needs and situation of each survivor? If you do not count them, why is that?
Q (B-11)	The collaboration between TRB Survivors and people in church is essentially needed for TRB Survivors’ recovery and healing. If there are any, what are those things which hinder their collaboration, and what can we do in order to remove or relieve the adverse effect of those things?
Q (B-12)	TRB can impact not only TRB Survivors, but also people in church. How can the relationship between God and the Church be changed after TRB? What can God and the Church experience, learn, and feel through TRB?

Chapter 4. Data Analysis and Findings

4.1 Introduction to Data Analysis

This research employed an interpretive phenomenal qualitative research method. Thus, it used not only research participants' voices and stories, but also the researcher's way of interpreting and integrating the collected data. Throughout this process, I and research participants were able to discover new findings and, in further, construct organic meaning and truthful knowledge that could answer my research questions. The procedure of analysis went through several stages. First, while I was conducting interviews with the research participants, I recorded all of interviews by using a video recording tool (Zoom) that was also equipped with an audio recording function. The entirety of the notes, recorded video and voice files, as well as photographs, were converted into digital format and archived on my computer's hard drive. Subsequently, the initial photographs, notes, and documents were securely shredded and eliminated immediately following their successful digitization and storage on the hard drive. The hard drive itself was safeguarded through password protection. The documentation was retained throughout the process until the dissertation has been completed and endorsed by the committee. Second, I transcribed all of the interview conversations to Microsoft Word files, and I organized and revised the transcribed sentences in order to extract a clearer understanding from the raw data while preserving their original meanings. Third, I read the files repeatedly (at least 5 times). During this reading phase, the researcher became deeply immersed in the data, enabling them to form initial interpretations that would guide the subsequent coding process (Cohen et al., 2000). Fourth, the next step was coding the transcripts by using the online coding website (www.taguette.org) with the goal of creating codes, categories, and theme accordingly. After the process, I identified the themes, and deduced meanings and hidden narratives from the

phenomena studied. One of the most important things I had to consider was to understand the bigger picture which must be drawn and captured based on the “purpose” of my research (Saldaña, 2013). Coding involved the systematic organization and comprehension of the data (SAGE, 2019). Thus, codes linked the data and I could synthesize them into new categories (Saldaña, 2013). While I started working on the first cycle of coding, I decided to utilize in-vivo coding method. In-vivo coding was the best fit coding method to my phenomenological qualitative research which needs participants’ vivid voices and stories for the researcher and the participants to collaborate. I was sure that the in-vivo coding method could help me “draw from the participant’s own language for codes” (Saldaña, 2013, p. 97). This character of in-vivo coding method is affirmed by the argument that “the root meaning of in vivo is “in that which is alive,” and as a code refers to a word or short phrase from the actual language found in the qualitative data record, “the terms used by [participants] themselves”” (Strauss, 1987, p. 33 as cited in Saldaña, 2013, p. 105). After the first iteration, I moved to the second iteration of code mapping in order to create initial categories and figure out which code was most frequently created in each category. The second cycle of coding enables a researcher to use “such analytic skills as classifying, prioritizing, integrating, synthesizing, abstracting, conceptualizing, and theory building” (Saldaña, 2013, p. 69). Fifth, I organized codes into categories so that I was able to link an idea to the data (Saldaña, 2013). After having completed the second iteration, I worked on the third iteration in order to categorize the categories (Saldaña, 2016). I also used analytic memos since I started on interview-and-transcription work reading in order to use the analytic memos in this stage. Sixth, subsequently, I proceeded with the fourth and fifth iterations, as required, until I could develop what Saldaña (2016) refers to as an “operational model diagram” (Saldaña, 2016, p. 226). This diagram illustrates the interconnections and synthesis of

participants, codes, categories, phenomena, processes, and concepts in a visually comprehensive manner (Saldaña, 2016). During this phase, I focused on identifying codes, categories, themes, and making interpretations by organizing and identifying the relationship between them as I recalled the particular words, emotions, intentions, context, and flow of stories expressed by each interviewee. A researcher extrapolates interpretations by relying on prevalent patterns or themes that have been identified, subsequently connecting these interpretations to the overarching context or objective of the research (SAGE, 2019). A researcher constructs the narrative using the themes extracted from the dataset, interconnecting them to deduce the meaning that participants have constructed based on their lived experiences (SAGE, 2019). In the process, I employed “the hermeneutic circle” which is a metaphor that guides the process of inquiry and analysis (Cohen et al., 2000). Portions of the text are comprehended within the context of the entire text, while the entirety of the texts are comprehended through the analysis of their individual parts (Cohen, et al., 2000). In order to reduce bias and increase the “trustworthiness” (Lincoln & Guba, 1985) of the analysis, extracted themes were reviewed with the participants to ensure whether the themes appropriately captured the meaning that the participants tried to convey. When the research could not understand, nor clarify what the participants tried to express through their own words, I made sure it by asking them to explain what they tried to mean by the words. It is because in instances where questions emerge during the analysis process, it is advisable for the researcher to communicate with the participants to seek clarification (Cohen et al., 2000). Seventh, the results of the interview analysis were amalgamated with those of PhotoVoice, leading to their synthesis and the presentation of a more comprehensive outcome. Additionally, after I finished working on “meaning attribution”, I also worked on identifying “common themes”, and “casual hypothesis” (Paley, 2017). Eighth, I kept

a research diary and analytic memos. This step holds significant importance within the realm of conducting a phenomenological study, as it aids the researcher in recognizing potential biases and concurrently establishes suitable measures for enhancing transferability and credibility (SAGE, 2019).

4.2 Data Analysis

(1) Participants

I recruited four TRB Survivors and four pastors who had taken care of TRB Survivors. The brief information for each participant is explained as follows.

Table 6

Basic Information of TRB Survivors

Assumed Name (Area)	Age	Occupation	The number of years passed after TRB experience	The reason of TRB
Mr. A (California)	65	Pastor & Psychologist	1 year	Wife died of traffic accident
Ms. B (California)	72	None	5 years	Husband died while scuba diving
Ms. C (New York)	62	A retailer	10 years	Husband died of heart attack
Ms. D (California)	46	A receptionist	5 years	Husband died of acute cancer

Table 7*Basic Information of Pastors*

Assumed Name	Age	Denomination of seminary he/she attended	Denomination of church the pastor serves
Mr. E	55	Presbyterian (in Korea)	Southern Baptist
Mr. F	42	Southern Baptist (in the U.S.)	Southern Baptist
Ms. G	55	Presbyterian (in Korea)	Presbyterian
Mr. H	42	United Methodist Church (in the U.S.)	United Methodist Church

(2) The First Cycle Coding and Its Analysis

After I had interviews with participants, I transcribed the video/audio clips into Microsoft Word files. Subsequently, I went through the files on five separate occasions, making slight edits or adjustments to the written content. This process aimed to enhance clarity and organization, while ensuring the original intended meaning remains intact. After I was assured that I understood their answers sufficiently, I started the first coding cycle work. I chose to use in-vivo coding since this method would assist me in extracting the distinctive expressions and native terminology used by each participant as words generated by the participants themselves (Saldaña, 2016). Considering that I employ interpretive phenomenological research, in-vivo coding was proper method because it prioritizes the participant's voice and it adheres to a verbatim principle (Saldaña, 2016). Thus, the in-vivo coding helped me explore and discover the lived experience of TRB Survivors well, which led me to capture the core essence and meaning of their experiences more comprehensively. I used the online website (www.taguette.org) to work on the first cycle coding work. Data analysis is ongoing interpretation work, so I decided to write a research diary and analytic memos in order to help myself interpret and organize the data in a more organic way. When working with the interview data collected from each participant, I

presented the extracted codes by arranging them in a random order during the initial iteration of code mapping, following the approach recommended by Saldaña (2016).

(3) The Second-Cycle Coding and Its Analysis

Following the completion of the first-cycle coding, I commenced the second-cycle coding after meticulously reviewing the results of the first-cycle coding a total of five times. I reflected on each first-cycle coding work outcome every-other day repeatedly. While the first-cycle coding work involved physical reorganization, the second-cycle coding could be likened to a more chemical process. In this context, the purpose of the second-cycle coding aligns with the notion that our ultimate objective in analysis is not solely to convert the data, but to surpass their limitations in search of something additionally different – a totality that exceeds the individual components (Saldaña, 2016). In the second-cycle coding work process, I utilized a pattern coding method as I believed it would help me develop the ““meta code” - the category label that identifies similarly coded data” (Saldaña, 2016, p. 235). As the collected raw data, codes, and categories were not consistently distinct or mutually exclusive, I occasionally encountered difficulties in aligning my interpretation work with my research objectives and thesis. Consequently, I found it necessary to repeatedly remind myself of my research purpose and thesis statement during the data analysis phase to stay focused and avoid distractions.

(4) The Subsequent Cycle Coding Work

After finishing the second-cycle coding work, I conducted the third-cycle coding work and the fourth-cycle coding work in order to discover more concrete codes, categories, and interconnections between them in organized way. During the entire coding process, I reached a

stage where I was able to create a diagram map that was significantly more refined and presented a more advanced operational model diagram by the end. During the coding process, I standardized codes that conveyed very similar content to the most representative one, and I carefully examined how often such recurrent codes appeared in each category by counting the frequency. For each category, I made sure to record all codes that appeared at least once. Additionally, I tallied the frequency of these recorded codes, allowing me to identify the most frequently occurring codes within each category. This process allowed me to identify which categories contained the most frequently occurring codes and, consequently, which categories were indicative of the main themes or narratives that each participant was constructing within the context of their lives. By counting the frequency of codes that appeared frequently, I was able to gain insights into what thoughts, understandings, interpretations, and the like were prominent among each research participant. Furthermore, this approach allowed me to discern common patterns of meaning attribution, thinking, interpretation, and more among the research participants as a whole. In cases where I thought my interpretation and analysis seemed to be ambivalent, I contacted a participant to ask the participant whether the analysis outcome showed the participant's lived experience and its core meaning adequately.

(5) The Outcome of the Data Analysis

A. Participant Mr. A

Mr. A is a 65-year-old man whose wife passed away due to traffic accident about one year ago. He has worked as pastor and psychologist, and he lives in Southern California. I had two interviews with Mr. A as scheduled. After I had the first interview, I could deduce eight

categories throughout the coding work. With those eight categories, I could create a diagram illustrating the connections between the categories and the emerging core message.

A-1. The First Interview Data Analysis

Table 8

The Eight Categories Emerged from Mr. A's First Interview

Category 1	Helpful pastoral care
Category 2	Reflection on God and me
Category 3	Reflection on Church and me
Category 4	Positive new experiences and changes after TRB
Category 5	Other new experiences and changes after TRB
Category 6	Unhelpful pastoral care
Category 7	Reflection on Church and me
Category 8	Negative new experiences and changes after TRB

Table 9

Qualitative Analysis of the Emerged Codes for Mr. A's First Interview

Category	The number of code in the category	The most frequently emerged codes (the frequency)
Category 1	13	- Being alone (2) - People's presence (2)
Category 2	20	- Grace and love (4) - Theological deconstruction (3)
Category 3	6	- Narrative and kinship (2)
Category 4	24	- Practicing love (6) - My values changed (4)
Category 5	7	- Die-well is important (3)
Category 6	10	- Banal clichés (4) - My particular needs (4)
Category 7	9	- Re-interpretation of death (3)
Category 8	12	- Wife's friend (6)

A-1. Analyzing the Relationships and Connections between Codes and Categories

In Mr. A's case, it was observed that Category 2 and Category 4 contained the highest number of codes. He endured extremely challenging days both due to the loss and the aftermath of a traffic accident. Many people came to comfort him during this time. However, given his delicate and exhausted state, he found “solace in the few who genuinely understood and cared for” him, maintaining boundaries and providing sensitive care based on his actual needs. He mentioned that “individuals who merely offered clichés or acted insensitively, without taking his personal situation into account, were not helpful”. As a pastor and professional counselor, he expressed the thought that “it would be beneficial if the Church had a team of trained individuals specializing in this kind of care”. He recommended “asking questions to understand the specific needs of someone who has experienced a shocking loss, rather than making vague assumptions”. He emphasized that during his intense pain, he experienced “God's incredible grace and love through angelic people who provided what he truly needed at precisely the right time”. He was deeply moved and convinced that God's grace and love, experienced during these past few months of recovery, were “customized” to him. He also felt discomfort with people in the Church who impatiently urged him to “recover quickly” and those who didn't listen properly to his story. Through this experience, he learned that those who care for and support him culturally and temperamentally differ from each other. He believed that “the Church often neglects proper preaching and education about death”, and he emphasized “the importance of continuing to contemplate death”. He acknowledged that his “previously held legalistic faith and conservative theology were undergoing changes”. While he recognized the necessity and positivity of these changes, he also felt some “ambiguity and anxiety”. Nevertheless, he was determined to embrace this tension and develop his own new faith and theology, all the while intending to extend God's

love to others throughout his life. This is a goal he has set for himself. He has led positive changes in his spiritual life and interactions with church members through TRB and his relationship with God. However, he still grapples with the lingering effects of the traffic accident and symptoms of depression. Amidst these challenges, he contemplates opportunities for further improvement in the Church's care for grieving individuals and its understanding of death. When representing his situation in a diagram, it might look like this.

Figure 2

Operational Model Diagram for Mr. A's First Interview

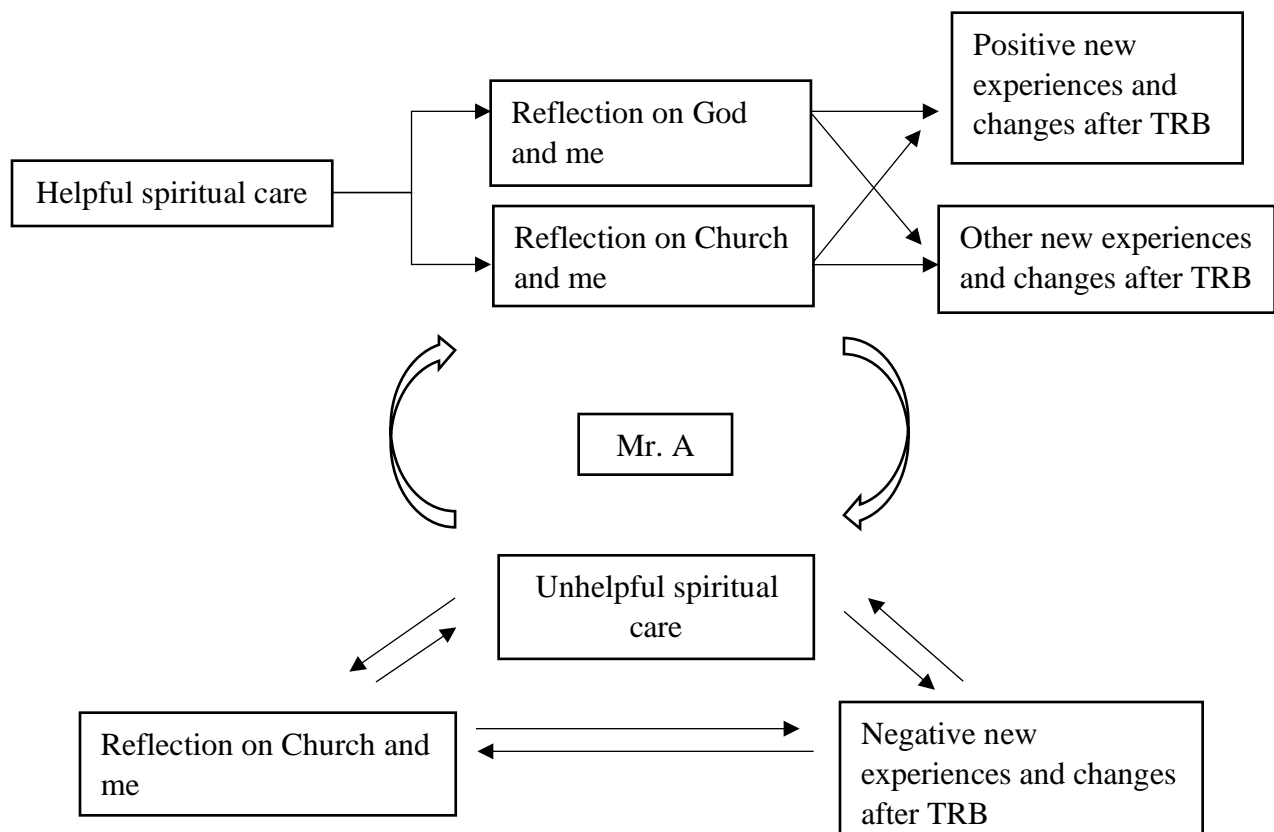


Figure 3

PhotoVoice Analysis for Mr. A's First Interview



Mr. A showed two photos to me as he shared the way he interpreted the photos. For the left photo, he said he put some ashes out of the urn in a little portable urn. Then, he carried it with him wherever he went or whatever he did. To him, the little urn was “visual reminder” which always reminded him of his death. From that time on, he realized that he lived a time limited life and he had to live his life as he prepared for his death. He did not take it seriously as a sad or fearful interpretation, but he used the visual reminder as what kept asking him how to live to meet a “good death” later. The right photo shows his late wife’s tablet, which reads “Beloved wife” and “In loving memory”. Mr. A mentioned that he learned what love was after she died. To him, his late wife left this world as she taught him what love was. Now, Mr. A felt that there was only love left in his mind for her. Then, he became emotional and shed tears. He thought he cried as he felt deeply sorry to her as he realized that she was literally “beloved wife”

and she was “in loving memory” now. Mr. A was surprised because even he did not know he loved her this much while she was alive.

A-1. Interpretation of Mr. A’s First Interview

These categories and the relational diagram show that well-functioning spiritual care helped Mr. A reframe the relational quality with God and the Church respectively. Then, those positively reframed relational qualities led Mr. A to undergo positive changes happening in him and others. On the other hand, when spiritual care was not functioning well, it caused Mr. A to become critical about what the Church did and to undergo negative changes happening in him or others. Further, when the spiritual care was not helpful, it established a negative spiral triangular relationship between category 6, category 7, and category 8. The emerging core themes were ‘grace and love’, ‘Mr. A’s particular gaps were filled’, and ‘change and moving forward’. The first core theme, ‘grace and love’, was experienced while he was alone at home as he felt the presence of God. The second theme, ‘Mr. A’s particular gaps were filled’, was fulfilled while he was interacting with people who tried to help and support him sincerely. He believed his interaction with people was guided by God to the point that he thought of the people as “angels God sent to him for healing and care”. The third core theme, ‘change and moving forward’, was becoming more tangible in the dynamic triangular relationship between Mr. A, the Church, and God.

A-2. The Second Interview Analysis

I had the second interview with Mr. A one month after I had the first interview with him. After analyzing the second interview data, I could deduce the eight categories. In the categories,

I could find several codes that emerged a lot more frequently than other codes. I could draw a relational diagram based on the data analysis too.

Table 10

The Eight Categories that Emerged from Mr. A's Second Interview

Category 1	How I struggled after TRB
Category 2	What helped my recovery
Category 3	How my theology and philosophy changed
Category 4	What I learned from TRB
Category 5	My new goals and vision
Category 6	The relationship between God and me
Category 7	The triangular relationship between me, church, and God
Category 8	The relationship between Church and me

Table 11

Qualitative Analysis of the Emerged Codes for Mr. A's Second Interview

Category	The number of code in the category	The most frequently emerged codes (the frequency)
Category 1	17	- Spending time alone (6) - Six months (5)
Category 2	13	- People's genuine attitude (6)
Category 3	28	- Deconstruction work (11)
Category 4	30	- Accepting my reality (6) - God-given identity (3)
Category 5	8	- Living my life (2)
Category 6	25	- Grace and love (8) - As God plans (5)
Category 7	2	- Tuned and harmonized (1)
Category 8	8	- Just a few (2)

A-2. Analyzing the Relationships and Connections between Codes and Categories

For Mr. A, the six-month period seemed lonely, but during that time, he engaged in deep

communion with God through prayer, meditation on Scripture, listening to sermons, and Christian music. In this process, the attentive care and consideration of a few true friends supported him. Consequently, he recalled that the sensitive care and support of a small group of acquaintances who knew his situation well, approached him with genuine respect and consideration, were far more effective than the collective congregation of the Church. He mentioned that “deconstruction was taking place in various areas, including theology and faith”. As he entered a phase of physical and mental recovery, he, as a pastor who had previously adhered to conservative theology and faith, said, “I have recently been reconstructing theology, values, philosophy, etc., from a broader and more flexible framework”. He expressed his desire to now live with a new identity bestowed by God, practicing love. In conjunction with his personal reflection and transformation, on the other hand, he also experienced and sought new changes within the Church community. He emphasized the “value of authenticity”, understanding it as “the intersection where he is most himself, where believers treat each other truthfully, and where each other's needs are appropriately met at the right time, becoming harmonious with God, fellow believers, and oneself”. When the researcher represented his story and situation in a diagram, it can be drawn as below (Figure 4).

Figure 4

Operational Model Diagram for Mr. A's Second Interview

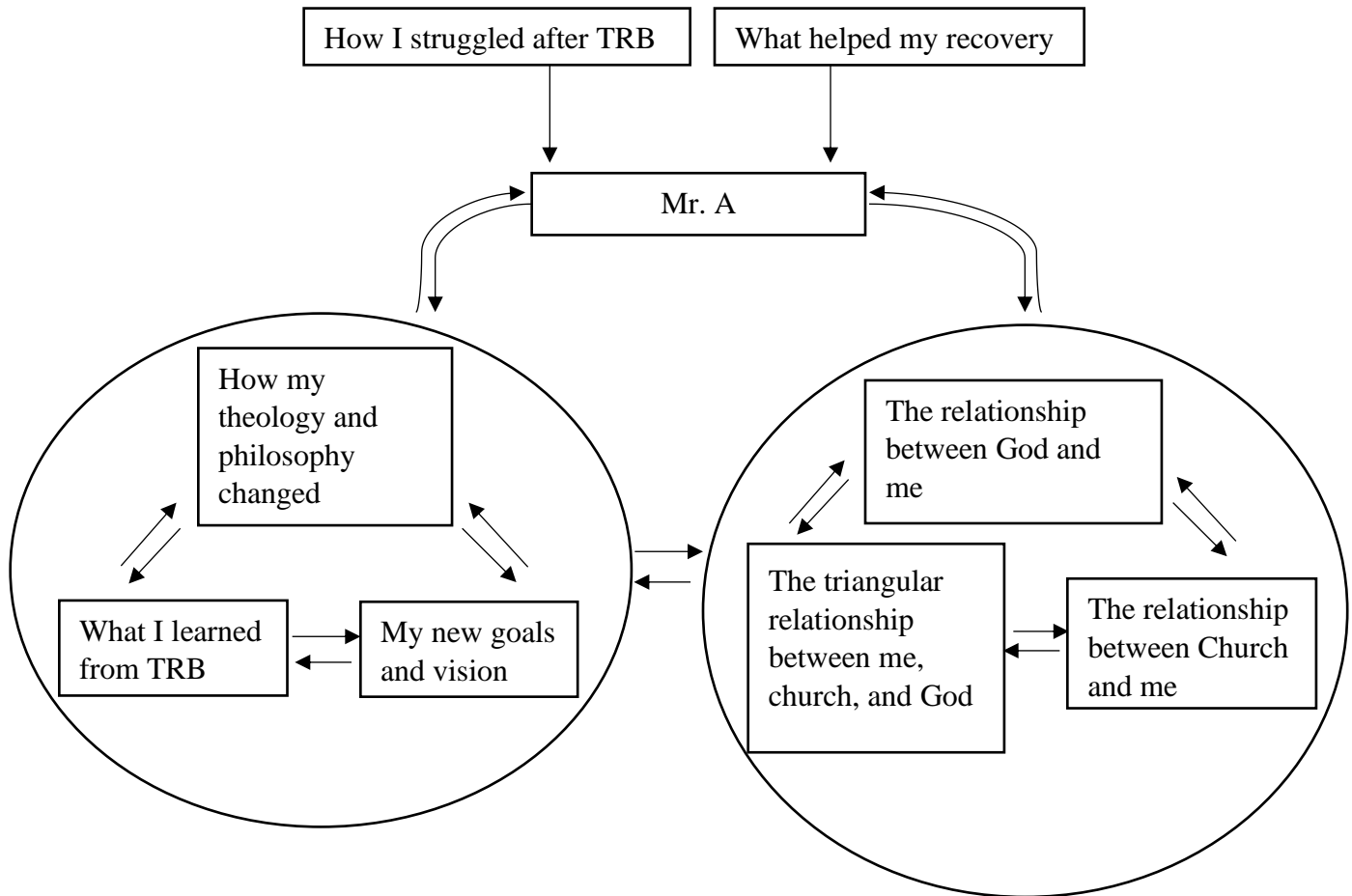


Figure 5

PhotoVoice Analysis for Mr. A's Second Interview



Mr. A showed the left photo which portrays humming bird's eggs found in an orange tree in the house yard. His late wife was amazed and fascinated by the eggs. This image reminds Mr. A of Easter when eggs are usually used as a symbol of "new life". Thus, this photo assured Mr. A that his late wife went to the heaven where she was born as a new life there. Mr. A still contemplates the meaning of this photo in conjunction with late wife's interesting response to the eggs. The right photo was taken several years before his late wife passed away. Both Mr. A and his late wife liked this photo. Mr. A thinks that she was smiling as she looked at the sky in the photo. The background of the photo gave him a vague feeling at the time. However, he felt that his wife would go back to her original home (the heaven) because she seemed to wish to in the photo. Now, Mr. A said that his previous ambiguous feelings and interpretation make sense to

him. Mr. A feels more peaceful now when he looks at the photo, and the previously ambiguous feelings have become more understandable.

A-2. Interpretation of Mr. A's Second Interview

Mr. A's second interview data signified how he went through the process by which he integrated his TRB experience and other related experiences. His own persistent efforts and will power were added up with other people's genuine support and care, which helped him to gradually move forward in the recovery process. In that recovery process, his speculative trait, theological/philosophical wisdom, and determined attitude led him to witness his theological/philosophical "deconstruction" he did not even think of before. The recovery process accelerated him to crack the "conservativeness" he had maintained as his safe boundary. He also learned a new way of living as he built up his new identity. "God's unconditional love and enormous grace" were the most healing energy for him, through which he reaffirmed his life goals and vision. In this recovery process, he contemplated the relationship between him, church, and God. That contemplative reflection often facilitated his theological/philosophical deconstruction process and his building up a new identity and life goals as they formulated a positive spiral with each other. Overall, Mr. A could stand up and envision his meaningful future through his customized self-care (being alone, singing hymn, and listening to sermons) and others' genuine care. In that process, he felt God's grace and love deeply. All of these healing energies and resources helped him to reset his life goal, sharpen up new identity, and learn a new way to live. Even though he still suffered from depressive symptoms, he tried to move on as he accepts the way his reality was. Mr. A came to admit God's providence, by which Mr. A tended to value what he could learn and gain out of his TRB experience.

B. Participant Ms. B

Participant B is a 72-year-old woman whose late husband passed away while scuba diving about 5 years ago. She lives in California now. I had the first interview with her, and I had the second interview with her about a month later as scheduled.

B-1. The First Interview Data Analysis

Out of the coding work and analysis, I could deduce the six categories out of the interview data. Each category had different numbers of emerged codes, and I could draw an operational model diagram based on the coding analysis.

Table 12

The Six Categories that Emerged from Ms. B's First Interview

Category 1	What helped me recover after TRB
Category 2	What TRB meant and my symptoms I had
Category 3	What disturbed my recovery process
Category 4	The new relationship between God and me
Category 5	The new relationship between church and me
Category 6	What I learned and changed

Table 13*Qualitative Analysis of the Emerged Codes for Ms. B's First Interview*

Category	The number of code in the category	The most frequently emerged codes (the frequency)
Category 1	20	- Time and family (6) - Church people's care (6)
Category 2	11	- Punishment and guilty feelings (3) - Somatic symptoms (3)
Category 3	6	- Insensitive and unhelpful (4)
Category 4	7	- The relationship with God (2) - Providence, authority, and love (2)
Category 5	7	- Talking to God (3) - Belonging and safety (2)
Category 6	13	- Calling and goal (5) - Enjoying my life (3)

B-1. Analyzing the Relationships and Connections between Codes and Categories

In her interview, the highest occurrence of codes was observed in Category 1 and Category 6. She experienced a tragic incident when her husband passed away while scuba diving due to nitrogen inhalation, leading to a sudden and unexpected separation from him. Her husband, who had lived a busy and energetic life as a doctor, was gone overnight, leaving her in deep sorrow. As the fourth-generation member of a Christian family, she interpreted this event as “God punishing” her and “felt guilty” for her husband's death. In the initial stages, she struggled with symptoms like “stomach pain, memory loss, and a feeling of emptiness in her mind, spending her days in tears”. However, over time, as she spent time with family, she began attending early morning prayers, received care from warm-hearted church members, and gradually recovered. Acknowledging “God's sovereignty, love, grace, and power”, she accelerated her healing by experiencing and recognizing these aspects. She saw the people who grieved with her, showed kindness to her, and provided food as if they were sent by God to

comfort her, like angels. Within this relationship with God and the Church members, she found a renewed sense of purpose in life, connecting her with the missionary work and support for missionaries and North Korean defectors, activities she and her husband had been passionate about as a couple in the past. She resolved to dedicate her life to such endeavors and considered it her ultimate goal. She believes that engaging in these activities, meeting many people, and enjoying life to the fullest is the best way to live her life. The process of her recovery and finding meaning in life after her husband's passing can be illustrated in the following diagram.

Figure 6

Operational Model Diagram for Ms. B's First Interview

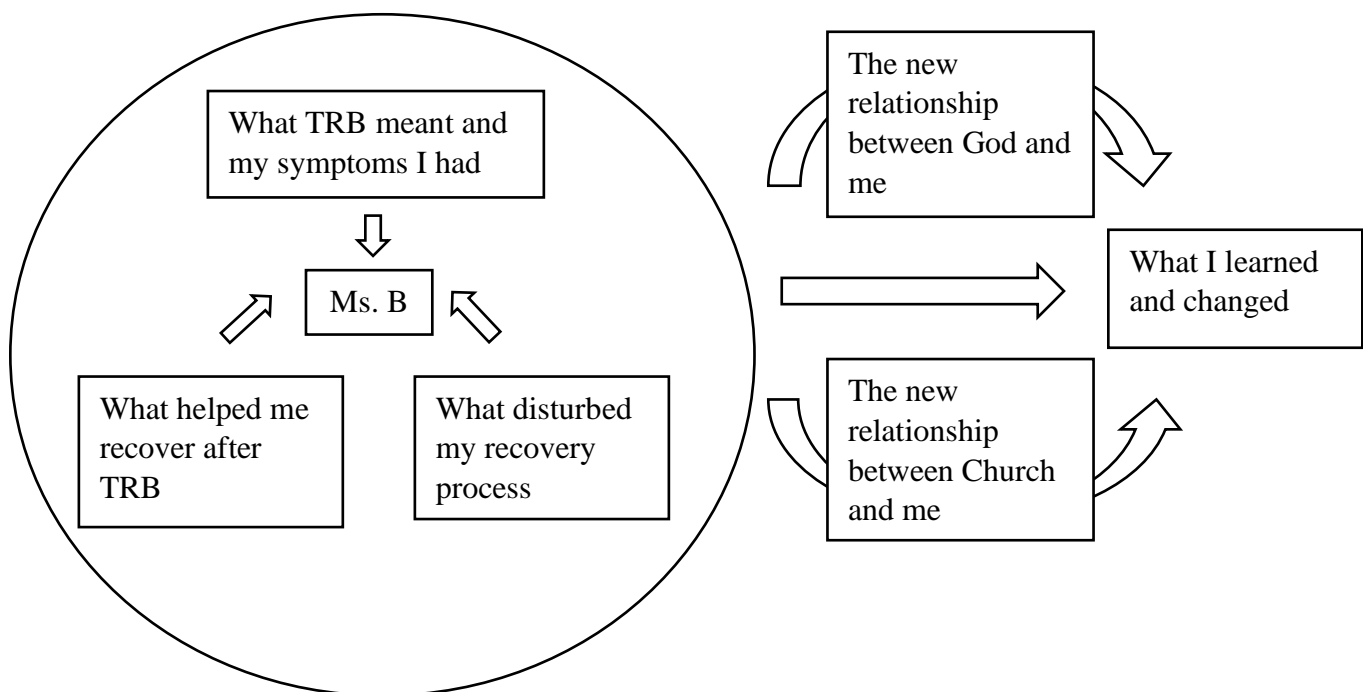


Figure 7

PhotoVoice Analysis for Ms. B's First Interview



Ms. B showed these pictures at the end of the first interview. For the first picture, Ms. B remembered how energetic her late husband was. He enjoyed going fishing during weekend, and one friend took the picture and gave the picture to him as a gift, with the cheering message of “I will make you fishers of men”. Ms. B said that her late husband was so enthusiastic that he lived his life two or three times more industriously than other people. While she was looking at the picture, she said, “Why didn’t you calm down yourself more?” as if she was talking to her late husband, who seemed to stand in front of her. He was a hardworking man. As a doctor, he worked so hard that he did not even think of retirement when he was working as a 67-year-old man right before he passed away. Ms. B said that she learned that “however hard you work, you enjoy your life, or confident you are, all of your life will be ended all of a sudden if God calls

you”. While Ms. B looked at the picture, she displayed her learned emptiness of life and signals of missing her late husband. For the second picture, she explained that it was a picture her late husband took in a village of Haiti. Ms. B and her late husband visited Haiti for the purpose of missionary work at risk to themselves right after the great earthquake in Haiti. The picture reminds her of her vision and life goal. The picture also helps Ms. B’s vision remain connected with her late husband’s vision. This affirms that her vision and goal are being continued with those of her late husband. For her, the message of the picture seemed to be his testament for her. Even though he did not mean it, the picture became his meaningful gift to Ms. B, and she appreciated the picture taken by him.

B-1. Interpretation of Ms. B’s First Interview

To Ms. B, her TRB experience gave her more than a shock, which caused her somatic symptoms (sleeping disturbance, stomach pain, memory loss, and numbness). Ms. B’s family’s presence and time helped her recover from the aftermath of TRB experience. People in church had maintained a good relationship with her late husband, and they showed sincere empathy and compassion to her through well-arranged rituals and supporting activities (providing her food, praying for her, and being with her when she needed). She had to struggle with her guilty feeling while she thought of the death of her late husband as punishment of God toward her. Some people’s insensitive comments, typical clichés, and advice discouraged her, and they rather disturbed her recovery process. In the meantime, she managed to maintain a good relationship with the Church, but she felt that it was hard for her to talk to people openly. It was because she came to think that “I could not see people as good and trustable beings just like Jesus says to us in the Bible”. Ms. B has been disappointed by some people who spread rumors, have jealousy, or

just hate others. Thus, she came to rely on God more, and she talked to God a lot more freely, whatever she had in her mind. Ms. B's theology seems to be conservative, and her theology and faith have been more reinforced through the TRB experience. Ms. B emphasized words such as "providence", "inspecting", "incompatibility with sin", "awe", and "love" to describe the way she understood God. The reason she did not think of deconstructing and reframing her theology, but reinforced her old theology and faith, was that she became more fearful of God, and she decided to surrender to God after the TRB. As she went through all of these processes, she came to change her value set, reset her goal, and learn new wisdom. Ms. B came to decide to live her life more cheerfully as she enjoys her life for fun and meets more people freely. Her most meaningful life vision is supporting missionaries now. This vision connects her to her late husband, and it affirms that her relationship with him is still being continued.

B-2. The Second Interview Data Analysis

Out of the coding work and analysis, I could deduce the eight categories from the second interview data. Each category has different numbers of emerged codes, and I could draw a relational diagram based on the coding analysis.

Table 14*The Eight Categories that Emerged from Ms. B's Second Interview*

Category 1	Interpreting and understanding husband's death
Category 2	The changes in my life after TRB
Category 3	What I underwent after TRB
Category 4	What I learned to use for grieving people
Category 5	Reflection on the relationship between me, church, and God
Category 6	My new goal and vision
Category 7	Reflection on my recovery process
Category 8	Reflection on spiritual care provided

Table 15*Qualitative Analysis of the Emerged Codes for Ms. B's Second Interview*

Category	The number of code in the category	The most frequently emerged codes (the frequency)
Category 1	8	- Understanding ex-husband more (5)
Category 2	5	- Enjoying my life (3) - Humble and caring (2)
Category 3	6	- Varied emotional pains (4)
Category 4	7	- Painful symptoms (4)
Category 5	2	- Harmonized in the choir (2)
Category 6	4	- Supporting missionaries (4)
Category 7	11	- Family and community (4) - My resources (2)
Category 8	9	- Church's rituals (5) - Prayer, presence, and grieving (3)

B-2. Analyzing the Relationships and Connections between Codes and Categories

After the loss of her spouse, she felt a profound emptiness. A song lyric, "Why does the sun go on shining / Why does the sea rush to shore / Don't they know it's the end of the world", which had previously held no personal relevance to her, now resonated deeply within her heart. She came to understand her husband more deeply after his passing. In his lifetime, he had been

very pessimistic, quick to anger, and often displayed a negative demeanor. Now, she found herself comprehending his reasons with a more compassionate heart. She said, “the encouragement and support from the Church community, along with the presence of family and friends, proved to be a great source of assistance”. She attributed this to the deep relationships she and her husband had cultivated with members of the Church over the years. She acknowledged that “it might be unusual for a bereaved individual to receive such substantial help within a church setting”. She also reflected on “how the emotional and psychological pain she endured was something no one could alleviate,” and she had to endure it on her own. Becoming a widow, she became intimately acquainted with the sorrow widows experience. She “likened it to losing half of oneself, with a daunting and uncertain future”. She found it “remarkable how Jesus, who had never married, could empathize with the anguish of widows, as mentioned in the Bible”. Through this experience, she expressed her “desire to support other women who have experienced the loss of a spouse”. Now as an independent woman, she enjoyed life freely, “eagerly learning new things and shedding her previous image of pride and arrogance”. She embraced a “newfound identity as someone who helps those in need”. She treasured her new life goals, “such as supporting missionary work, assisting widows, and engaging more with others”, as she moved willingly into the next phase of her life. Her journey of recovery can be illustrated in the following diagram.

Figure 8

Operational Model Diagram for Ms. B's Second Interview

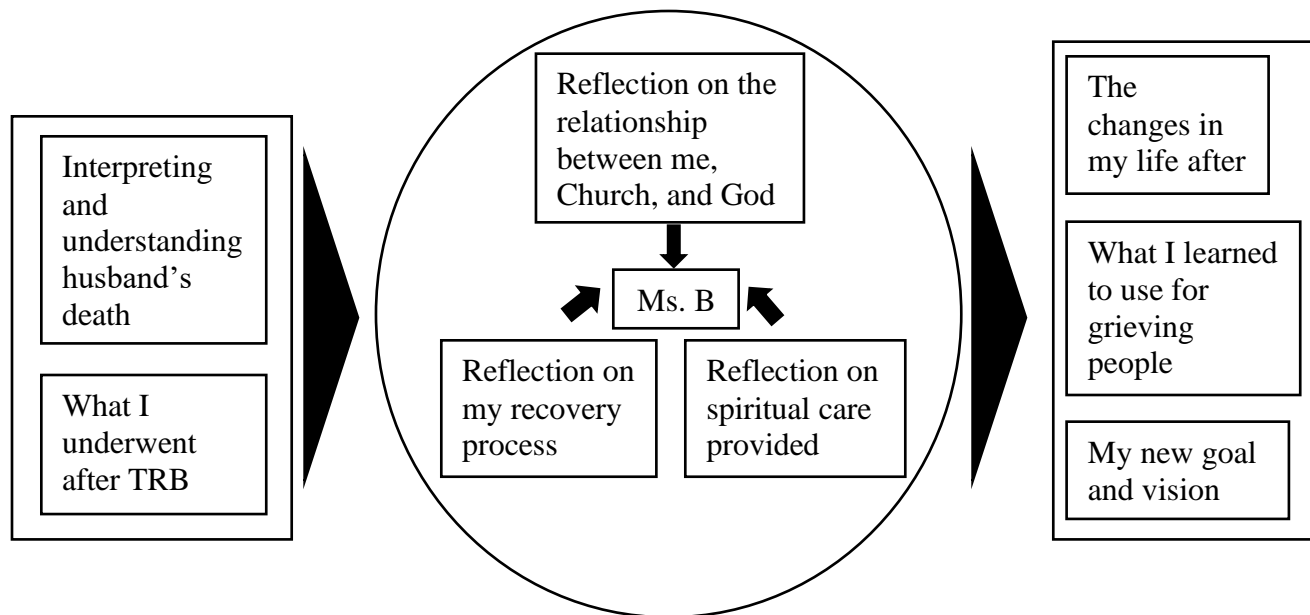


Figure 9

PhotoVoice Analysis for Ms. B's Second Interview



Ms. B had participated in a conference where she could attend a pastor's sermon. The pastor was a missionary who worked on educating and training North Korean defectors for the missionary work for North Korea. A few days later, Ms. B came across him in a restaurant, and she and he exchanged contact information. From that time on, Ms. B had got hold of him, as she was interested in North Korea missionary work. While Ms. B was visiting Seoul, Korea, she had attended the Church where he was preaching. One day, he called her to inform her that he and North Korean defectors will visit the United States to attend a conference. Ms. B wanted to serve them by giving them a ride and providing dinner. In the middle of their visiting, Ms. B voluntarily gave them a ride so that they could take a trip to Las Vegas. The left photo was taken

in Las Vegas at the time. Ms. B's great-grandfather was a pastor who served a church in the region of *Pyungan* in North Korea. Ms. B's family moved to South Korea and set up new life, but she and her family had missed the day when South Korea and North Korea would be reunified as one country. Considering that Ms. B's late husband's father was kidnapped to North Korea, Ms. B became more enthusiastically compassionate to people living in North Korea because she could imagine how wretched of a life they were living. The two countries had become different since a truce was called for the Korean War in 1953. Now, Ms. B believes that her God-given purpose for her life is supporting missionaries who are being trained and educated. Ms. B envisions that the well-trained missionaries who have been North Korean defectors would be the people who will bring Gospel, freedom, and justice to North Korea when the two countries become reunified in the future. In that regard, for Ms. B, serving the people and spending time with them were more than hopeful and touching experiences. As the photo shows, people in the picture could assure that they were one good team united for the purpose of missionary work. In that team spirit, Ms. B could become affirmed that her vision and goal were really God-given. That affirmation made her smile as she was surrounded by them.

The right photo shows two musical instruments, a Chroma harp and a Q chord. Ms. B recalled what God said in the Bible and said, "God said that God selected and called us to sing God's praises". She thought that she could sing better and more smoothly when she sang and played a musical instrument together. Ms. B had attended a regular meeting where she and other women play musical instruments and sing together. That had been her good self-care strategy for a long time. It also reminded her of a funny episode. Her late husband was a tone-deaf person who had little talent for music. Even though she tried to teach him how to follow her accompaniment, he kept failing in setting a harmonized chord with her, and it often frustrated

her. Now, those musical instruments are like good buddies who comfort her whenever she feels lonely and depressed. Ms. B likes her image as someone who plays a musical instrument as she sings a song joyfully together with her friends. That is one of the ways she can make use of her God-given talents freely, and it relieves her stress and the burdens in her mind as well.

B-2. Interpretation of Ms. B's Second Interview

Ms. B has a lot of available resources and advantages, and those helped her recover out of her TRB experience relatively smoothly. She and her late husband got along with people in the Church, so pastors and people in the Church tried to take care of her with all their hearts after her husband passed away. Ms. B has three sons who are full of filial affection for her. Her late husband left her an inheritance, and it allowed her to live an abundant life as a well-off woman. For all of those resources and advantages, Ms. B had been feeling grateful. It has been five years since she lost her late husband, and she still seems to spend much time in reflecting on what happened five years ago, how she has recovered out of the TRB experience, and for what purpose she will live the rest of her life. Ms. B has struggled to understand the reason and meaning of husband's sudden death, and Ms. B seems to have found her own answer to that mysterious question. As what had not been understood began to be understood, her frozen and shocked mind came to have some space. Ms. B could view her life and reality from different angles, which enabled her recover her positive mindset and physical vitality. Ms. B thinks she lives her free and independent life joyfully as she meets her friends and enjoys what she could not do as a busy housewife in the past. She found that her anger and malice that she had toward her late husband had been melted down and gone as she understood what life he had lived as a lonely man. Her identity has been shifted to a "more mature and caring woman" and she likes

that new identity. Ms. B became more passionate to support and help missionaries who would deliver the message of God (the Gospel), freedom, and a spirit of justice to people living in North Korea. That missionary work is meaningful to her since it connects her current vision to her family, late husband, and late husband's family. Ms. B has reflected on how she had been taken care of by people, and she learned what worked for her to recover well and what did not work. Based on the experience, Ms. B also learned how she could take care of the bereaved well as she resonates with them more deeply. For her, praising God by singing, praying, and supporting missionaries are working to boost her motivation for life. Actually, she remembers her lonely process where she herself had to endure all the pains and stresses, and she learned that every TRB survivor would go through the similar recovery process on their own because TRB Survivors need the process. However, at some point, she experienced the dazzling moment when she, the Church, and God were all harmonized for her healing. Ms. B remembered that it happened when she was praising God in the early morning prayer worship. That harmony she felt and the sense of connection in the community church had her shed tears of healing and joy. Ms. B knows that she has gone through a lot over the five years, and she is ready to move on to her next phase of life paved toward her future.

C. Participant C (Ms. C)

Ms. C's husband died of heart attack during the night ten years ago. She has lived in upstate New York as she engaged in retailing business. I had two interviews with her as scheduled.

C-1. The First Interview Data Analysis

I could deduce seven categories out of the coding work and analysis for the first interview with her. Each category has different numbers of emerged codes, and I could create a relational diagram based on the coding analysis.

Table 16

The Seven Categories that Emerged from Ms. C's First Interview

Category 1	My symptoms and daily experiences after TRB
Category 2	What helped me recover from TRB
Category 3	What disturbed my recovery from TRB
Category 4	My relationship with church
Category 5	My relationship with God
Category 6	My new life goal, value, and lesson learned
Category 7	My feedback on the spiritual care provided

Table 17

Qualitative Analysis of the Emerged Codes for Ms. C's First Interview

Category	The number of code in the category	The most frequently emerged codes (the frequency)
Category 1	19	- Venting anger (5) - Conflict within the family (3)
Category 2	12	- Care, support, and presence (4) - The Bible and praying (3)
Category 3	1	- Cliché and advice (1)
Category 4	17	- Hard to express (3) - Feeling isolated (2)
Category 5	5	- Resentment toward God (3)
Category 6	12	- Gratitude and grace (5) - Converting people (4)
Category 7	8	- Authoritative and rigid (3) - God's servant (2)

C-1. Analyzing the Relationships and Connections between Codes and Categories

In her interview, the most prevalent codes corresponded to Category 1 and Category 4. After experiencing the loss of her spouse, she initially went through a challenging period marked by “anger and resentment towards both her situation and God”. The intense anger brewing within her had no outlet, and there was no one she felt she could confide in. She also felt “cautious about expressing her frustration as a churchgoer”, fearing judgment about her temperament. While the Church community did offer warmth, comfort, and prayers, the demands of other church activities and daily life gradually caused her husband's passing to fade from people's memories. Her anger did not easily dissipate. Managing her husband's business, a task she had to undertake despite her limited knowledge of English, compounded her stress. Furthermore, as the head of the household, she faced tremendous difficulties. She harbored resentment and anger towards God, often crying out, “God, why did you take my husband?” and “How do I go on now?” Her daughter had a disturbing dream a month before her husband's passing in which she received a message from him, causing her to grapple with guilt for not having taken action based on that ominous dream. Her son, who was preparing for employment, also experienced high stress levels. Her only escape from this turmoil was the daily early morning prayer, where she found solace. Reflecting on the impermanence of life and the ephemeral nature of worldly pursuits, she questioned the purpose of her husband's “relentless pursuit of wealth and success”. She recalled his efforts in working hard and earning money, “only to realize that life could end in an instant”. This led her to consider that her “most important mission” was to share her “faith and make disciples of those who attend church”. At church, it was challenging to share her full story, as people were busy and rumors could easily spread. Moreover, her pastor, whom she regarded “as a servant of God”, had a rather “authoritarian and distant demeanor”, making it difficult for her to find complete solace in his presence. Despite these challenges, she committed

herself to daily reading of the Bible and prayer. She emphasized “how the scripture's interpretation evolved daily”, and she viewed “past knowledge as irrelevant, aiming to use the Word as her daily bread for guidance”. Through a challenging journey, she has now embraced a simpler, purpose-driven life. Whenever opportunities arise, she shares her faith, serves at the Church, and strives to live with gratitude. Her experiences can be represented diagrammatically as follows.

Figure 10

Operational Model Diagram for Ms. C's First Interview

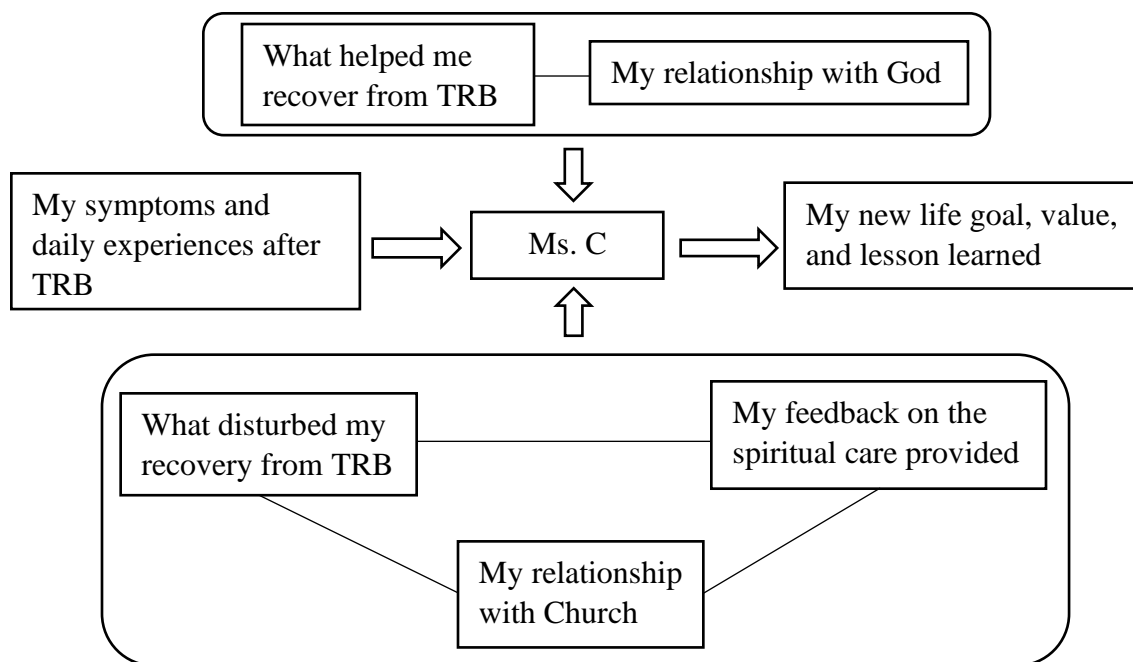


Figure 11

PhotoVoice Analysis for Ms. C's First Interview



The left photo was taken in Athens, Greece in 2018. Ms. C visited Athens for the purpose of a missionary trip. She remembered the trip as so special one because she could feel that she was fulfilling what she had thought of as really meaningful in a foreign country for the first time since she experienced TRB. The nature she appreciated, people she met, and missionary team-work she experienced assured that she, her teammates, and God were all together. That harmony she felt in the mission trip was so powerful that she could imprint the intense presence of God's love and grace during the trip. She devoted herself as she was engaged in a missionary project and programs in the area. It was kind of hard work in a way, but it was also healing work to her. In the middle of the trip, she felt "the presence of God" at times. That connection to God affirmed that her relationship with her late husband would be continued

forever. As she is busy in making her and her family's life now, she does not think she might have another missionary trip to some country in the future. The fact that she might not be able to go another missionary trip to somewhere makes her weigh the reminiscence she had at Athens. The right photo was taken in Hawaii in 2015, three years after her TRB experience. At the time, Ms. C was feeling extreme emotional pain, and she knew that she was still detached and numb. Even though there were a lot of work she had to do as a breadwinner in the household, she just thought, "I have to leave for somewhere now". At that time, Ms. C thought it might be the last chance for her to bring her old mother to a beautiful vacation spot too. Thus, Ms. C blindly decided to go to Hawaii with her mother. The beautiful scenery of Hawaii's ocean sites, food, and climate consoled her and her mother because the whole atmosphere of Hawaii was very different from that of Rochester, where she lived. Rochester, a medium-sized city in upstate New York, is often cold and rainy. In Rochester, it snows a lot until March. The sunny weather and romantic atmosphere of Hawaii helped her breathe deeply again. Ms. C came to realize that taking a trip to somewhere was helpful for her to stay distracted from her daily struggle and concerns. This experience also led her to learn the importance of balance between work and self-care.

C-1. Interpretation of Ms. C's First Interview

Ms. C's distinguished symptoms she has gone through after TRB are "venting out anger", "hesitant (or not) to express her emotions", and "incongruent attitude toward God and people in church". As an introvert woman, she still had to take care of her family (her mother and children) as she put up with her intolerable sad emotions by herself. This led her to direct toward her inner space more and she found herself stuck tightly in her mind. The lack of communication aggravated each family member's mental health. For example, her daughter had

to suffer from depression for over two years as she attributed the death of her father to her partial responsibility. Ms. C's late husband showed up in their daughter's dream about two months before he died of heart attack. In the dream, Ms. C's daughter saw she took her father's head that was dropped to her hands. The following day, she talked about the dream to her friend and decided to ignore the dream. After her father died, she came to think that "I should have taken some critical action to prevent my father's heart attack", which caused her to suffer from depression along with correlated guilty feelings. For Ms. C, some church people's genuine consolation and the presence of family encouraged her. Ms. C spent time praying and reading the Bible in hope that she could be consoled by God's love and grace. Ms. C intentionally focused on working for a retail business and participating in all of the Church's events in order to keep herself distracted from feeling devastated due to the TRB. Her relationship with people in church worsened for several reasons. At the time, many people focused on the Church's moving project. Some people's judgmental and insensitive attitude disappointed her. Ms. C was also disappointed with the senior pastor's authoritative attitude and way of caring for her. In all these circumstance, Ms. C came to formulate her resentment toward God and some people in church. Ms. C seemed to have incongruence because what she said in the interview sometimes sounded incoherent. For example, Ms. C said she was grateful for the all people in church since they consoled her, but she also mentioned that she was feeling isolated in the Church. Ms. C had been resentful toward God, but she also relied on God's mercy a lot as she believed God's mercy was the only solace for her. Ms. C remembered that it was seven years after the TRB that she could acknowledge that she recovered from the TRB, and she did not shed tears anymore. Over the ten years, Ms. C came to learn that she did not have to live so hard to accomplish secular goals. For her, living with gratitude, serving others kindly, and converting non-Christian people became the most

important life goals now. Even though she still clings to her conservative faith and theology, she tries to find new messages out of the Bible every day. Ms. C said, “What I have understood and known in the past are useless now, and I know that I have to fill my soul with newest wisdom descending from God everyday”. This shows that theological reframing work has implicitly progressed in her after the TRB experience. Ms. C’s life and psychological identity after the TRB experience can be summarized as shy-loner. Her affect and mood showed that she was still struggling with her anger issue. Her good-Christian-mask stopped her from expressing her emotions and thoughts to people freely. I could acknowledge that the gap between her Christian super-ego and what she really wanted to do led her to feel shame. I think that this shame caused the incongruence she displayed during the interview.

C-2. The Second Interview Data Analysis

I could deduce seven categories out of the coding work and analysis for the second interview with her. Each category has different numbers of emerged codes, and I could create a relational diagram based on the coding analysis.

Table 18

The Seven Categories that Emerged from Ms. C’s Second Interview

Category 1	My experience and symptoms after TRB
Category 2	Reflection on church’s roles
Category 3	Life’s new goals, changes, and vision
Category 4	The triangular relationship between me, church, and God
Category 5	My feedback on spiritual care provided
Category 6	Reflection on my recovery process
Category 7	New understanding and reflection on God

Table 19*Qualitative Analysis of the Emerged Codes for Ms. C's Second Interview*

Category	The number of code in the category	The most frequently emerged codes (the frequency)
Category 1	11	- Full of anger (4) - Not accepting (3)
Category 2	2	- Sharing time (2)
Category 3	11	- Less secular values (5) - People in suffering (3)
Category 4	5	- Harmonized when praying together (3)
Category 5	4	- Listening to me (3)
Category 6	13	- People's prayer (5) - Proactive (3)
Category 7	5	- God's grace (3)

C-2. Analyzing the Relationships and Connections between Codes and Categories

In this interview, the highest number of codes appeared in Category 1, Category 3, and Category 6. She initially spent her time in “shock and anger, unable to accept the reality” of her husband's passing, and emotionally overwhelmed to the extent that she couldn't shed tears even when visiting her husband's gravesite. Encouragement from fellow believers, communal prayers, and visits gradually helped her regain her emotional composure. During this process, she remained grateful to those who listened to her and supported her. While grappling with the hardships, she initially directed her anger and resentment towards God. However, over time, she began to “contemplate the reasons behind God sparing” her and gradually built a new sense of purpose and identity in her life. The most significant change from her previous self is that she no longer places great emphasis on worldly, secular values. Through her husband's passing, she keenly felt the futility of these values. Through daily prayer and meditation on the scripture, she now senses “God's companionship and presence, standing before Him upright and finding hope

every day”. She reflected on the hollowness of worldly values and the profound meaning of a life centered around faith. Through her experience of loss, she has thought extensively about how churches can better support those who experience bereavement and how bereaved individuals can support each other. In the future, she hopes to mature in her faith, live faithfully, and contribute to others. She believes her long journey since her husband’s passing has brought significant change and growth in various aspects of her life. This process can be represented diagrammatically as follows.

Figure 12

Operational Model Diagram for Ms. C’s Second Interview

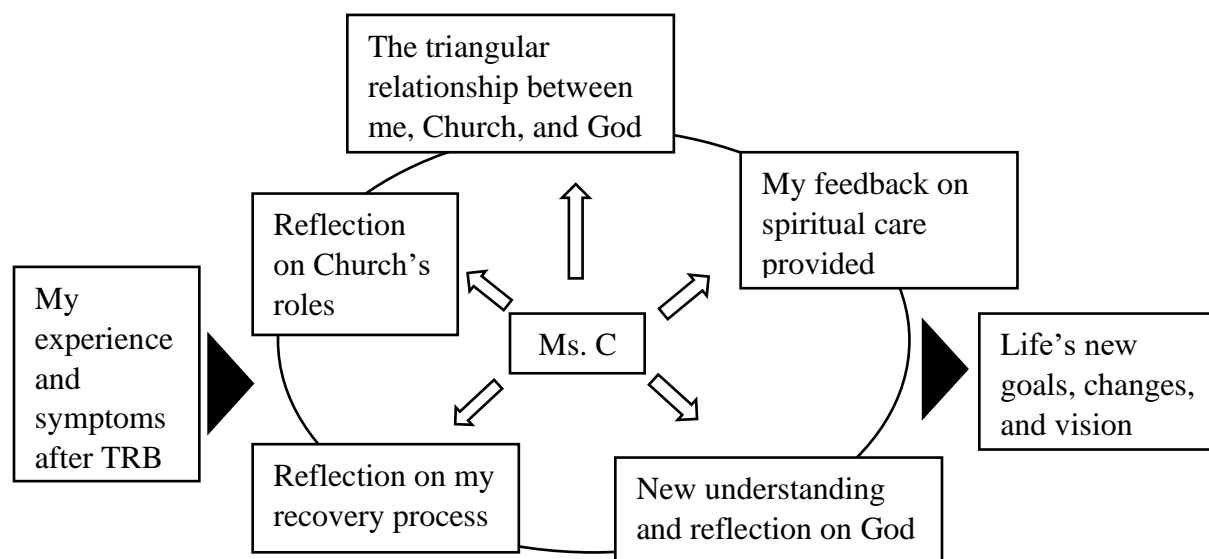


Figure 13

PhotoVoice Analysis for Ms. C's Second Interview



Ms. C's third photo was taken at a Korean Food Festival held at the Church to celebrate the Church's 18th founding anniversary. On that day, about 150 new people visited the Church and enjoyed not only the taste of Korean foods, but also Korean songs and traditional clothing. Ms. C and the Church members had spent lots of time in order to prepare for the Korean Food Festival, meeting regularly on a weekly basis. The people in the Church did not expect that the festival would end in a big success because the Church was short of hands. Ms. C and other people had no other way but to believe that it was God who made it possible. When Ms. C saw the invited people were amazed with the Korean foods, songs, and clothing, she was also amazed that God was working with the Church. It was beautiful teamwork through which each person's talent and ability were collected to build up the whole presence of the Church, as mosaic puzzles

do. That experience affirmed Ms. C that it was really a meaningful and grateful life that she lived as she obeyed God and appreciated the grace of God.

C-2. Interpretation of Ms. C's Second Interview

As the data shows, Ms. C talked about her past experiences after TRB, her recovery process, and her new meaningful life's vision. She has reflected on her TRB experience and her recovery process for a long time. That sufficient reflection enabled her to grieve and move forward as she integrated the pieces of experience with the support of people in the Church. Then, she could begin make sense of the TRB experience, which was not understood at all. To Ms. C and her family, the TRB experience happened literally suddenly. Thus, she felt that she and her family were sharply afflicted with the TRB experience as they became shocked and speechless. That impact led her and her family to become emotionally flooded with enormous anger. The house became a hot crucible which was full of anger. She could not believe the reality, nor accept it. She had stayed numb and detached for a couple of years. Ms. C believed that it was people's prayer and warm support that helped her slowly recover. Some close lay people kept encouraging her by visiting her house or occasionally calling her. It was about three years after the TRB experience that Ms. C began crying over the death of her husband. With the ongoing emotional support of people, Ms. C believed that she could move on step by step. Now, Ms. C thinks that the mutual caring and support in the Church is the most important resource available for TRB Survivors. People's prayer, warm support, and empathetic presence helped Ms. C endure her emotional pains and become assured that she was not alone. When Ms. C and people in the Church prayed together, Ms. C became assured that God, herself, and the Church were all harmonized in the mutually caring relationship. After the TRB experience, she learned

that she did not have to work blindly and hard in vain. Secular values such as money, fame, or pleasure mean little to Ms. C now because she witnessed that her husband left the world with his empty hands even though he worked so hard every day. Ms. C decided to live for “the values that belong to the world of God, as the secular values seem to be fugacious”. Now, she found herself to have become more empathetic to people who had gone through hard experiences. The empathetic compassion helped her show more warm and tangible understanding to people suffering from similar experiences as she had gone through. After she underwent the excruciating after-effect of the TRB, she had reflected on her relationship with God, the Church’s role for people, and the way pastoral care could be improved as well. Ms. C also has envisioned showing the grace and love of God to people who did not have the opportunity to learn those. She became more passionate in delivering the Gospel to people because she believed it was the one of the reasons why she still lives on the earth. Ms. C tries to make use of her experience to recovery in order to take care of people who need genuine care and support, as once she did. For her, the TRB experience and recovery process were her lesson and asset that enabled her to serve people with new a perspective and attitude.

D. Participant D (Ms. D)

Ms. D is a 46-year-old woman whose husband passed away due to acute colorectal cancer five years ago. Her spouse served as a pastor at a nearby church. One day, he went to a hospital for a routine physical examination, only to receive a late-stage colorectal cancer diagnosis. On the day, he was admitted to the hospital due to the advanced stage of his cancer. Unfortunately, he passed away approximately 11 months later, having been confined to his bed due to the illness.

D-1. The First Interview Data Analysis

I could deduce eight categories out of the coding work and analysis for the first interview with her. Each category has different numbers of emerged codes, and I could create an operational model diagram based on the coding analysis.

Table 20

The Eight Categories for Ms. D's First Interview

Category 1	The daily routine and symptoms after TRB
Category 2	Reflection on spiritual care provided
Category 3	What has helped me recover after TRB
Category 4	Negative experience I underwent
Category 5	The relationship between me and church
Category 6	Reconstructing new theology and spiritual practice
Category 7	The relationship between me and God
Category 8	The relationship between church and God

Table 21*Qualitative Analysis of the Emerged Codes for Ms. D's Second Interview*

Category	The number of code in the category	The most frequently emerged codes (the frequency)
Category 1	15	- Aftermath symptoms (4) - Burnout (3)
Category 2	7	- Busy pastors (3) - Spiritual care ended (2)
Category 3	15	- Intercessory prayer (4) - Re-boosted my motivation (2)
Category 4	4	- Bias and misunderstanding (3)
Category 5	20	- Leaving the Church (8) - God's angels (4)
Category 6	13	- Reconstructing theology (5) - Interested in spirituality (4)
Category 7	13	- Love and protection (3)
Category 8	1	- God's Kingdom (1)

D-1. Analyzing the Relationships and Connections between Codes and Categories

In her interview, it was revealed that Category 1, Category 3, and Category 5 had the highest number of codes associated with them. She shared that after her husband was admitted to the hospital due to late-stage colorectal cancer and subsequently passed away after an 11-month battle, she experienced trauma from witnessing his decline. She experienced burnout from the extensive caregiving she provided during his illness, leading to post-traumatic effects. For instance, she had “trouble sleeping, occasionally felt physically weak, experienced symptoms of vertigo, felt like time passed slowly, and even had suicidal ideation at times”. She described feeling like a part of herself died with her husband. Since her husband had served as a pastor in the Church, she struggled to find a reason to continue attending a church where he was no longer present, which led to increased isolation. After the funeral, she received minimal support from church pastors, who were often too busy to offer additional assistance. She emphasized “the need

for practical love and care from pastors for bereaved individuals”, as she believed that “caregiving for the bereaved required great sensitivity, and those who hadn't experienced it might struggle to empathize fully”. Some people held “negative biases against widows and they sometimes spoke insensitively or misunderstood” her, causing her emotional pain. However, there were also kind-hearted individuals who visited her home, provided necessary supplies, and showed kindness. She appreciated these people and considered them to be like “angels sent by God”. As time passed after her husband's passing, she gradually reduced the time spent at home and began meeting with people. She also delved into her spiritual life, finding that reading the Bible took on new meaning, intertwining with her experiences. Her faith, spirituality, and theology evolved as she integrated her experiences into her faith journey. She credited the “prayers and care of fellow church members”, along with their “listening and understanding”, as significant factors in her recovery. Amidst the care and love she received from others, she found motivation to take walks, focus on her work, and live life faithfully through her family. This process reaffirmed her conviction in “God's profound love”, which she found to be “more powerful than the pain” of her loss. “Through God's love”, she overcame adversity and moved towards new hope and vision. During her journey of recovery after her husband's passing, she began to sense “how God was leading the Church and building His kingdom”. She shifted her focus from worldly values to spiritual values and expressed her desire to move forward toward a new vision. Her post-bereavement recovery journey can be depicted in the following diagram.

Figure 14

Operational Model Diagram for Ms. D's First Interview

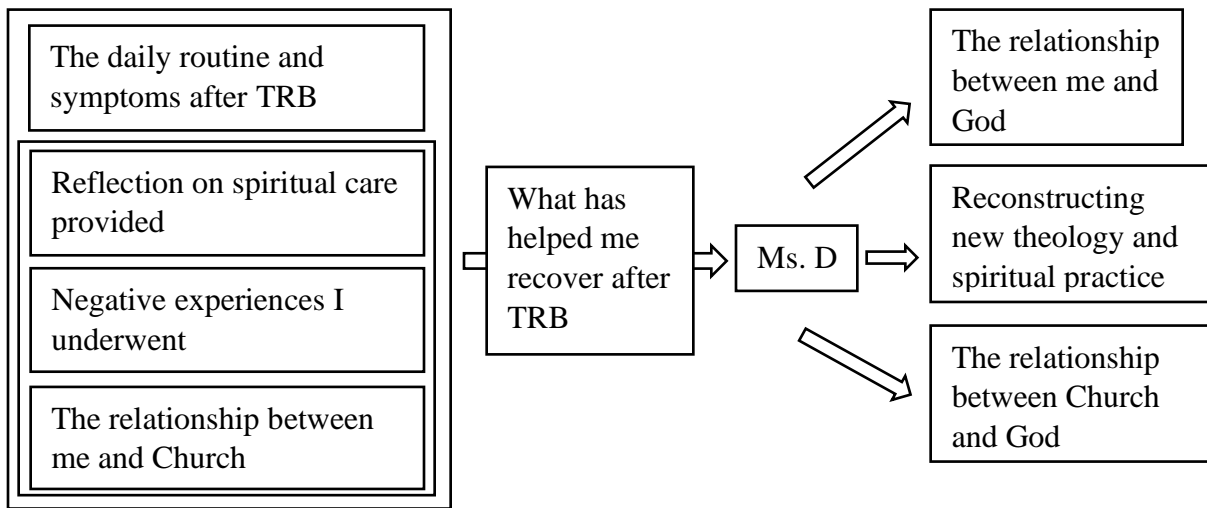


Figure 15

PhotoVoice Analysis for Ms. D's First Interview



Ms. D selected the left photo because she appreciated that the person wearing a black jacket in the picture uploaded the picture on his Facebook in memory of her husband right after

the funeral. The photo was taken at a church retreat and Ms. D could not participate in the Church retreat since she was busy taking care of little child at home. Ms. D recalled that the Church retreat was held on a very cold day, as the snow on the trees in the photo showed. Ms. D did not know there had existed the photo until the man on the left in the photo uploaded it. The man lost his father when he was a child, and he was working for the Church as a preacher. Ms. D was grateful for the fact that he still “remembered her husband and showed his warmheartedness”.

The right photo was used as portrait for her husband’s funeral. The photo was originally taken to introduce her husband as pastor on the Church’s home web page. Nobody knew the photo would be used as portrait photograph at the funeral. Church laity members were decorating the big portrait photograph by putting flowers around the photo right before the funeral. They were grieving for him and saying, “He was too young to die”, “How could this happen?”, and “I cannot believe this” when Ms. D accidentally passed by them and overheard what they said. Whenever Ms. D sees this picture, his face in the picture is so big that Ms. D feels as if she could almost touch him because she still vividly remembers the detailed features and appearance of each part of his face. He is smiling in the picture, and Ms. D feels sorry that she could have treated him a lot better when he was alive. Ms. D could not see this photo right after the funeral because she felt enormous pain by seeing the photo. Nowadays, when she sees the photo, the lyrics of the original sound track song in the movie *Titanic* pops up in her mind, and it resonates with her deeply.

D-1. Interpretation of Ms. D’s First Interview

Ms. D became a widow when she was 41 years old. As a young woman who lost her husband, she became physically, mentally, and emotionally exhausted right after her husband died. As an aftermath of nursing him, after she sat up with him day and night over 10 months, she went through vertigo, time disorientation, sleeping disturbance, emotional flooding, and a breakdown of physical strength. When her husband died, Ms. D felt that she also died in a way. Then, she realized that she had to start everything over again for herself. She had to provide and take care of two children as a mother. It gave her hope and sense of determination so that she could boost up her motivation for recovering herself. For her, people's prayer and joining an intercessory prayer group were helpful resources. Some people showed their kindness as they voluntarily helped her to the point that Ms. D felt they looked like "angels who ran God's errands of taking care of her". However, Ms. D was deeply hurt when some people treated her as they projected their negative bias about widows on her. For example, she met a woman who had gone through a negative experience with a widow in the past. The woman believed a widow she became acquainted with seemed to try to seduce her husband in the past. Thus, the woman stayed vigilant and guarded whenever she saw Ms. D talking to her husband. Ms. D was disappointed with the way the woman saw her as just one of many widows prior to considering Ms. D's individual merit and mindset. Ms. D gradually felt lonely in the Church since she, as a wife of the ex-pastor in the Church, could not feel the sense of belonging, nor being cared for enough by other pastors and people after the funeral was held. Ms. D thought there were few people who could understand her as they emphasized with her. She was desperately finding a way of recovering herself, and she finally met a woman who had gone through a similar experience of bereavement. Ms. D and the woman met on a regular basis, and the meeting helped Ms. D feel encouraged and learn what to do to reframe her new identity and roles. Those helpful resources

and some sincere people's care helped Ms. D "sharpen her ways of understanding spirituality". For Ms. D, pursuing spirituality and using spiritual practice empowered her to trust that "God's love" and "protecting shield" were a lot more powerful than the impact of the TRB experience. As God's love and protection were so powerful and warm, even the impact of the TRB experience could not sever the connection between her and God. Based on her shift and new learning in theology and faith, Ms. D came to have more opportunity to reflect on the relationship between herself and God, and the relationship between the Church and God.

D-2. The Second Interview Data Analysis

I could deduce nine categories out of the coding work and analysis for the second interview with her. Each category has different numbers of emerged codes, and I could create a relational diagram based on the coding analysis.

Table 22

The Nine Categories that Emerged from Ms. D's Second Interview

Category 1	Reflection on the role of church
Category 2	What I needed and what was helpful to me
Category 3	My suggestions for improving spiritual care
Category 4	What I experienced before and after husband's death
Category 5	My reflection on husband's death
Category 6	The triangular relationship between me, church, and God
Category 7	The new changes and life goals
Category 8	Spiritual experience and life
Category 9	Reflection on God

Table 23*Qualitative Analysis of the Emerged Codes for Ms. D's Second Interview*

Category	The number of code in the category	The most frequently emerged codes (the frequency)
Category 1	5	- Obeying God (2)
Category 2	9	- Financial and material support (5)
Category 3	9	- A supporting team (5)
Category 4	10	- Not accepting the reality (3)
Category 5	13	- Each meaningful date (3)
Category 6	2	- All harmonized (2)
Category 7	7	- Empathetic and compassionate (3)
Category 8	10	- Living on the heaven (2)
Category 9	4	- Through people (3)

D-2. Analyzing the Relationships and Connections between Codes and Categories

In this interview, Category 4 and Category 8 had the highest number of codes. She explained that after the death of her husband, both her body and mind were extremely exhausted, and she had to face “urgent and practical issues”. These were challenges she had to confront head-on. She immediately “became the sole breadwinner of the household, facing financial pressure”. “Taking care of her still young daughter and son, providing them with transportation, was not an easy task”. Fortunately, she “received some financial assistance from her husband's insurance company, and kind church members occasionally visited her, providing support in the form of food, money, and supplies”. She also became a recipient of the Church's annual financial support. Some individuals kindly offered to provide transportation for her children when she was going through a difficult time. However, “despite these aids, she still faced financial difficulties, and she made efforts to access social welfare benefits like food stamps, realizing that she was unfamiliar with the U.S. social welfare system”. In her church, where the intersection of reality and spirituality occurred, she felt that “God's love and grace were concretely manifested through

the people who took on the role of caregivers”. While her financial and material aspects gradually stabilized, she continued to struggle emotionally and mentally. During the funeral, when church members mourned with her and prayed for her, she felt “a sense of harmony among herself, the Church members, and God”. She emphasized “the importance of the Church continuing to provide care for the bereaved and not ceasing their support after the funeral”. She believed that it would be beneficial to establish a dedicated bereavement volunteer team within the Church for effective and ongoing support for the bereaved. Reflecting on her husband's sudden death, she prayed, engaged in conversations with other bereaved individuals, and meditated on scripture in an effort to find answers to why God took her husband. While she had not found a definitive answer, she believed that perhaps her husband “had completed his mission in this world, which is why he was called home”. Her own experience of bereavement made her realize the immense difficulty faced by spouses and families battling cancer, deepening her understanding of the various pains that the bereaved experience. Consequently, she would financially support individuals she came across who were struggling with cancer, even if she didn't know them personally. Her husband was laid to rest on September 20th, which also happened to be their son's birthday. On this day, she prayed to God, asking Him to be her son's father from now on. She still “felt a sense of loss and carried deep emotional scars” within her heart. However, she developed “a greater interest in the spiritual realm and engaged in more frequent spiritual practices, deepening her understanding of God”. While the experience of bereavement was painful, she considered it to be just one point in her long journey of life. As a result of this experience, she developed an interest in the medical field and now works as a receptionist in the field of diagnostic imaging. Slowly but surely, she is recovering, gaining a new perspective and understanding of God, the Church, and fellow believers. She seeks to find

her role with a fresh spiritual outlook, searching for a new vision and hope, and moving forward day by day. Her recovery journey can be depicted in the following diagram.

Figure 16

Operational Model Diagram for Ms. D's Second Interview

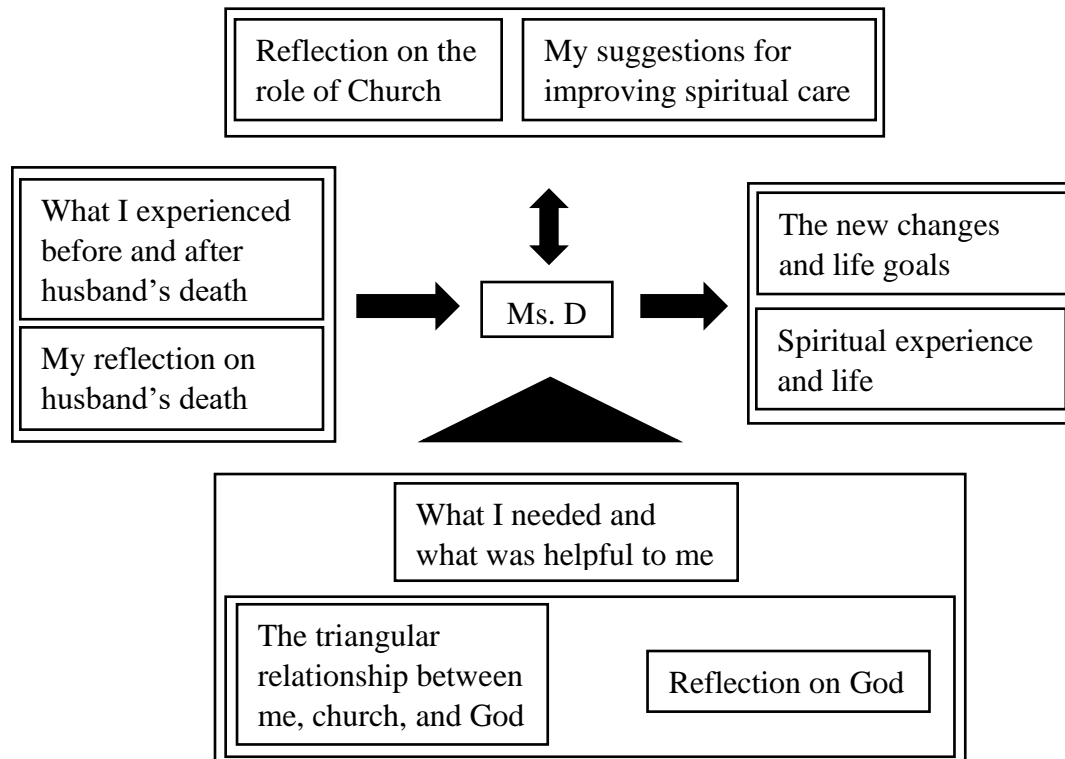


Figure 17

PhotoVoice Analysis for Ms. D's Second Interview



The left photo was taken a few months before Ms. D's husband died. At the time, he lost most of his hair because he was receiving from cancer treatment (chemotherapy). He was still enthusiastic to keep working as a preacher despite his disease, which was a “wake-up call” to Ms. D for sure. Ms. D remembers that husband was an industrious pastor who tried to do his best until the last moment. Ms. D took this picture as she expected that the picture might become the last picture of him. He was leading a workshop for teachers who served teenagers in the Church. He envisioned serving teenagers in the Church with all his heart, and Ms. D hopes that vision is to be continued by her. She remembered that he was good at church planting. Ms. D thinks of serving teenagers in the Church as his “unfinished work”, and she thinks she will undertake the work and continue to serve teenagers as he wished. The right photo was also taken right before he passed away. He was leading an educational workshop for teenagers in the Church. The photo

shows how much he was passionate in fulfilling his responsibility as a preacher. Whenever Ms. D sees this picture, she feels regretful since she was not able to help him enough as his wife. She remembered that this picture was actually the last picture taken of him. Almost every night, he vomited due to the after-effect of chemotherapy. Ms. D witnessed his excruciating struggle as she stood by him. Ms. D felt heart-breaking as she saw he had to barely hold on to life as he had a rough time of it at the end of his life. Ms. D sometimes has a dream where he shows up. In the dream, he says he was revived. That dream seems to be silly, but the dream reminds her of his pioneering spirit, which enabled him to plant churches well. Then, Ms. D comes to make a fresh resolution as she envisions continuing his unfinished work for children and teenagers.

D-2. Interpretation of Ms. D's Second Interview

After Ms. D went through TRB, she spent a lot of time in reflecting on husband's death, as she suffered from many aftermath symptoms. She could not believe, nor accept, the reality that her husband did not exist on the earth any more. For example, even when she was selecting a casket, she was not able to understand why she was there and what she was doing as she felt detached from the reality. She felt that detached feeling and unacceptability in the funeral as well. His body was buried on September 20th, which was their son's birthday, coincidentally. Ms. D prayed to ask God to take care of their son as his father was leaving. The day can be also converted to January 1st in the Jewish calendar. Ms. D thought that her husband left on the day, and they welcomed a new day. Ms. D has learned that the TRB experience was just one point in her long life when life was seen from macro perspective. Ms. D realized that God's love was still so powerful that no suffering could stop it in the process of her life. As she contemplated the reason for her husband's death, what was not understood gradually began to make sense in some

ways. Ms. D also reflected on the Church's role and the pastoral care provided to her in the meantime. She thinks that the Church is a place through which God delivers what people needs. It is important for people in the Church "to build up a good relationship with God by obeying God, which can be more easily fulfilled by the guidance of the Church". Ms. D wished TRB Survivors could be taken care of more often for a longer time after funeral. She also thought that a team specialized in taking care of the bereaved needed to be arranged at the Church. As she recalled the time when she was suffering mixed symptoms and emotions after funeral, she said, "Pastor seemed to stand too far away from me, and it was not easy to approach the pastor at the time". While she was going through the hard time for herself, she had to pay attention to her reality that required her material resources to make a living. Many people voluntarily supported her by providing her with money, furniture, food, and so on. Ms. D was really grateful for their help to the degree that "they looked like angels who were assigned the roles of taking care of Ms. D on behalf of God". She suffered physical symptoms such as dizziness, tiredness, stomach pains, and so on. As she was the only one who could give her children a ride to school or church, she wished that somebody could give them a ride when needed. She became relieved as she realized that there were more people who were willing to help her than she expected at the Church. It was in the funeral that she felt that she, the Church, and God were harmonized together. Ms. D felt that God wanted to show "God's good plan" to her through "obedient people who delivered God's love and grace to her by taking care of her" in the Church. After all, she was affirmed that God tried to meet her needs through people who have physical bodies and through the Church. Based on this ongoing support and genuine care, Ms. D could recover from grief. Now, she is aware that she became more confident with and motivated to approach people suffering from cancer or other severe diseases to take care of them warmly. She thinks she has

lived in a new dimension of the world, which she would call “heaven”, after the TRB experience. As she lives in heaven, she is less attached to secular values and needs, and she tries to live up to the messages Jesus delivers to her when she prays. Now, the messages of the Bible reads more embodied, individualized, and tangible to her.

E. Participant E (Mr. E)

Mr. E is a 55-year-old pastor who has served churches over 30 years. He has many experiences of having taken care of TRB Survivors in local churches he served. Currently, he serves a church in Oregon. I had one interview with him as scheduled.

E-1. The Interview Data Analysis

From my interview with him, I was able to deduce seven distinct categories through the coding work and analysis. Each category has different numbers of emerged codes, and I could create an operational model diagram based on the coding analysis.

Table 24

The Seven Categories that Emerged from Mr. E's Interview

Category 1	The effective spiritual care for TRB Survivors
Category 2	What we need to be careful of when taking care of TRB Survivors
Category 3	Pastor's roles while helping TRB Survivors
Category 4	Church's role while taking care of TRB Survivors
Category 5	The changes and reflex I encountered
Category 6	My interpreting and understanding death
Category 7	The problems and reasons of ineffective spiritual care

Table 25*Qualitative Analysis of the Emerged Codes for Mr. E's Interview*

Category	The number of code in the category	The most frequently emerged codes (the frequency)
Category 1	7	- Visiting frequently (3) - Listening carefully (2)
Category 2	14	- Do not push (5) - Understanding the Scripture (3)
Category 3	6	- Relationship with God (2) - Show our presence (2)
Category 4	7	- God's presence (3)
Category 5	6	- Theological reframing work (4)
Category 6	11	- Re-interpretation work (5) - Introducing Jesus Christ (3)
Category 7	8	- No fixed way (3) - Difficulty of care (3)

E-1. Analyzing the Relationships and Connections between Codes and Categories

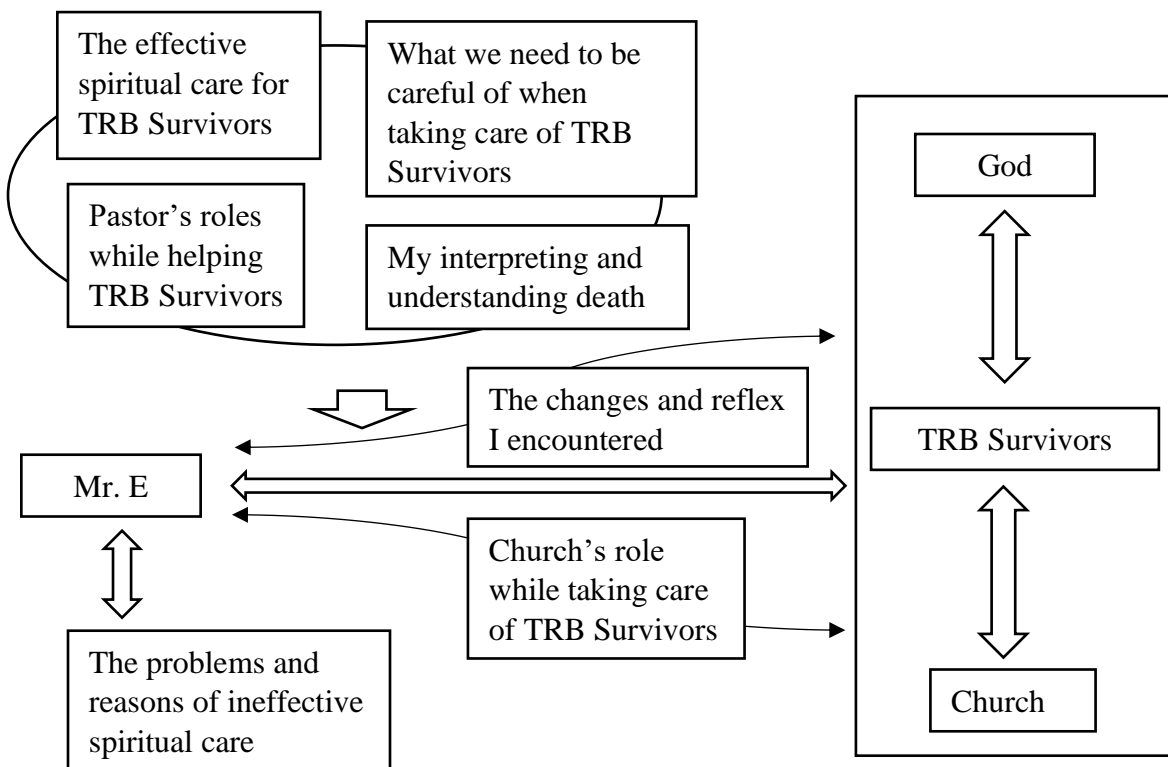
In the interview with him, the most prevalent codes were found in Category 2 and Category 6. He has served as a pastor in foreign countries for over 30 years, after leaving Korea. During this time, he frequently encountered individuals who had experienced TRB. One key distinction he noted about immigrant churches compared to churches in Korea is that “immigrant churches often play a central role in immigrant communities, serving as hubs for relationships”. He said, “Given that people living abroad may lack family or friends and often rely on relationships formed within the Church, the roles of congregants and pastors within the same church community are considered crucial”. He added that “pastors are typically quite busy, with responsibilities such as sermon preparation, teaching, counseling, and more, leaving limited time to dedicate detailed care to an individual who has experienced a loss”. He also attributed the inability to provide extensive care to bereaved individuals to personal characteristics and limited

physical and mental energy. He emphasized that “there is no one-size-fits-all approach to caring for bereaved individuals, as each person's personality, background, and circumstances are unique”. What may have worked in the past may not be effective now. In the realm of bereavement care, there is no definitive answer when it comes to establishing the right care, desirable relationships, or correct faith or theology, making spiritual care a challenging task. To practice self-care, he mentioned “taking Mondays off to recharge”, whether through driving or exercising. He occasionally encounters bereaved individuals who are trying to reframe their existing faith or theology, and he acknowledges their efforts. He “takes the time to ask about their journey and how they are attempting to reshape their faith or theology, understanding that no theology or faith can claim absolute truth”. He encourages individuals to take a step back and develop a healthier relationship with God and, in turn, to develop a more mature faith and theology. He conducts funeral services in a uniform manner, but when meeting with bereaved individuals afterward, he tailors his care to their unique situations. He meets with them regularly, listens to their stories, and reminds them that he and the Church community remember and pray for them, considering this an effective form of care. He graduated from theological school and has been in pastoral ministry for the past 30 years, during which he mentioned that his theology and church perspective have evolved somewhat. However, his “core belief that through death, people ultimately experience resurrection and eternal life remains unchanged”. He strives to convey this understanding of death to bereaved individuals at an appropriate time and, during funeral services, shares these concepts with non-Christians in the hope that they may become interested in the Church and eventually embrace faith. He finds “great meaning in the collaboration between God, bereaved individuals, pastors, and congregants during the

bereavement process, which demands a significant amount of time, energy, and sensitivity”. The following diagram illustrates his experiences and reflections on bereavement care.

Figure 18

Operational Model Diagram for Mr. E’s Interview



E-1. Interpretation of Mr. E’s Interview

Mr. E, as a pastor, was aware of the important role of the Korean American church in the United States. From his ministry experience, he knew that Korean immigrants had few resources and people to rely on in their crisis moments. That was why he emphasized the necessity of visiting TRB Survivors more and the importance of maintaining the sense of belonging to the Church during their crisis moments. The main themes he emphasized were “the message of God

in the Bible”, “eternal life through the Resurrection”, and “the sense of belonging in church”.

Pastor E said that he did not try to impose his theological opinions or thoughts on TRB

Survivors, as he respected their theological boundaries. He believed that “our individual theology cannot be perfect, but only God’s message can be”. He thought that he was supposed to facilitate

the communication and relationship between TRB Survivors and God as he prayed for TRB

Survivors and God. The content of prayer became different as it depended on the particular

contexts, the TRB survivor’s individual traits, and other factors. As we can see in the relational

diagram, Pastor E let God, the TRB survivor, and the Church work together as he took an I-do-

not-know posture to some extent. While he set some boundaries with TRB Survivors, he tried to

invite the TRB survivor to a space where the TRB survivor can think of the death of human

beings more deeply. Pastor E thinks that “pastors have to educate people in the Church more

about the meaning of death since death is as important as birth”. Pastor E said that his theology

and the way he understood the roles of the Church had not changed while he had witnessed

several cases of TRB in churches he served. However, he learned that when a pastor relied on his

or her experiences, either the pastor or the TRB survivor could be hurt or discouraged deeply.

Thus, he emphasized that he learned that he had to see “a particular situation here-and-now

without understanding it through past experience”. He added that spiritual care could not be

satisfactory, and he often felt regretful after he took care of people in crisis. It was mostly

because he could not have sufficient time and energy with which to focus on a person going

through a crisis. Pastors have responsibility for preparing for sermons, worship, education, and

meetings, visiting laypeople’s houses to become acquainted with them, and so on. Thus, it was

hard for Pastor E to take care of TRB Survivors more delicately as he satisfied the TRB

survivor’s many detailed needs. Pastor E showed an open stance to TRB Survivors so that

survivors could reflexively reframe their value set, theology, philosophy, way of relating to church, and so on. However, Pastor E implicitly hoped TRB Survivors would stay in safe areas where they would keep looking to the messages of God, prayer, and faith as they still held a theology that is similar to Pastor E's. He also mentioned that a pastor had to show warm, empathetic understanding through non-linguistic expressions such as hugging, affectionately holding a hand, or gazing fondly. Pastor E claimed that one of the most important things for TRB Survivors is helping them become reaffirmed that "God still loves the survivor". Thus, Pastor E's spiritual care for TRB Survivors can be summarized as this: Pastor E waits for the recovery of TRB Survivors as he and the Church community rely on the message of God and faith. While they respect the way TRB Survivors cope with the aftermath of TRB and wait for the recovery of TRB Survivors, they expect TRB Survivors to be healed through God and God's message.

F. Participant F (Mr. F)

Mr. F is a 42-year-old pastor who has served churches over 10 years. He possesses significant experience in providing care to survivors of TRB within the local churches he has been associated with. Presently, he is serving in a church located in Southern California. I conducted a single scheduled interview with him.

F-1. The Interview Data Analysis

I could deduce eight categories out of the coding work and analysis for the interview I had with him. Each category has different numbers of emerged codes, and I could create an operational model diagram based on the coding analysis.

Table 26*The Eight Categories that Emerged from Mr. F's Interview*

Category 1	Church's resources available for TRB survivor
Category 2	The way I provide spiritual care to the bereaved
Category 3	Reflection on spiritual care and Church's roles
Category 4	What I would do for people reframing their theology
Category 5	Reflection on Korean American's grieving and bereavement
Category 6	What I do for self-care
Category 7	The relationship between me and TRB survivor
Category 8	My theological reflex after having witnessed TRB

Table 27*Qualitative Analysis of the Emerged Codes for Mr. F's Interview*

Category	The number of code in the category	The most frequently emerged codes (the frequency)
Category 1	7	- Important ecclesial resources (6)
Category 2	14	- Listening (6) - Reading the Bible (4)
Category 3	14	- Discipline of Jesus (5) - The meaning of death (4)
Category 4	9	- People's theology reframing (4) - In safety zone (4)
Category 5	8	- Pastors work hard (3)
Category 6	5	- Reading and praying (2)
Category 7	3	- As a pastor (3)
Category 8	4	- Reinforced theology (2)

F-1. Analyzing the Relationships and Connections between Codes and Categories

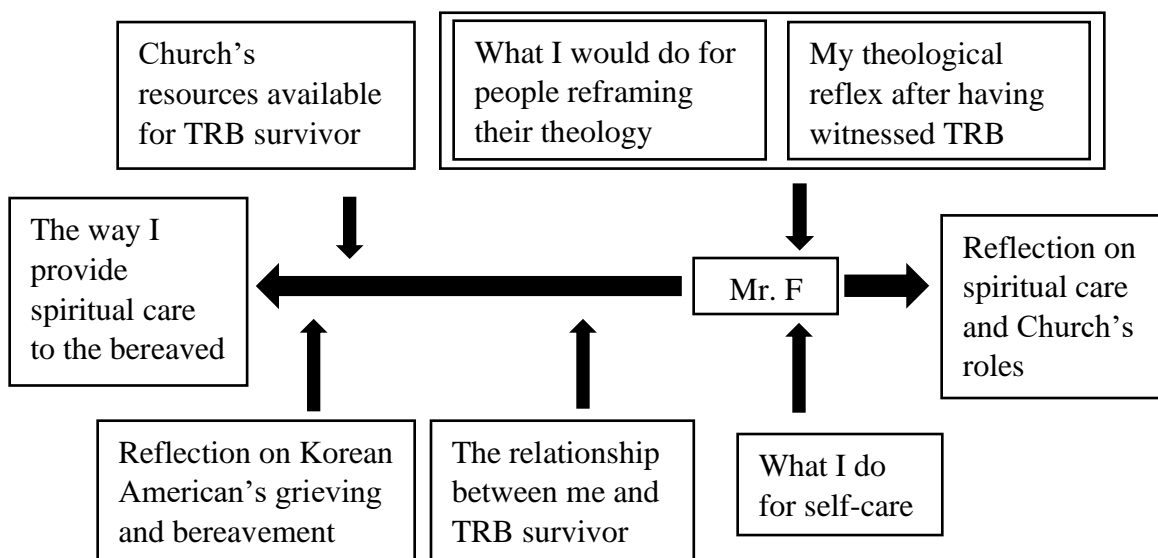
In the interview with him, the most prevalent codes were found in Category 2 and Category 3. He is a pastor who, at the age of 28, became a TRB survivor when his mother suddenly passed away due to a brain hemorrhage. Because of this personal experience, he can “empathize better with those who go through similar experiences”. He endeavors “to support

bereaved individuals both as part of the Church community, through collective intercessory prayer, and as a pastor, by providing them with assurance regarding heaven and salvation”. He shares in their grief and mourning. Having served as a pastor in both Korea and the United States, he mentioned that “ministering in the United States demands more energy and time when caring for bereaved individuals. This is because in the U.S., there is a caregiving culture that involves visiting hospitals and relevant institutions several days in advance when someone is approaching the end of life, offering comfort to family members and preparing them emotionally and psychologically”. Funeral preparations may also involve both Korean and English, and the presence of out-of-state family, relatives, friends, and acquaintances can suddenly increase the responsibilities of pastors. When consoling bereaved individuals, he reads scripture and offers prayers. He is “acutely aware of the boundaries that must be maintained as a pastor when providing care to those who are grieving”. He mentioned that, in the face of TRB, his “theology and faith have not undergone radical changes but have instead been reinforced and clarified”. He expressed a willingness to respect the desire of bereaved individuals to reconstruct their theology or faith for any reason, as long as it doesn't deviate excessively from a “theological safety zone”. He has concerns that “such deviations could lead to heretical theology”. He believes that “the Church should be a place where bereaved individuals, as disciples of Jesus, encounter God deeply”. While the Church generally provides comfort to bereaved individuals through funeral services, counseling, and community support, he acknowledged that there are occasional instances of “unintentional hurtful comments or actions between people that can cause additional pain to the grieving”. He expressed a desire to conduct educational workshops on death within the Church and provide preventive education to ensure that people don't inadvertently hurt bereaved individuals through their words or actions. He values his holidays as a time to avoid

burnout from his busy schedule and “engages in activities such as meditating on scripture, listening to Christian music, and playing table tennis for relaxation”. He frequently reflects on how to live as a pastor before departing this world while caring for bereaved individuals. He listens to their feedback and continually strives to improve and enhance the effectiveness of his care. His dedication and efforts as a pastor are illustrated in the following diagram.

Figure 19

Operational Model Diagram for Mr. F’s Interview



F-1. Interpretation of Mr. F’s Interview

Mr. F has established his structured form of spiritual care that he would provide to TRB Survivors. As a pastor, he knows the importance of “listening”, “showing empathetic understanding”, and “keeping the boundary with the bereaved”. Mr. F thinks highly of using the message of the Bible for the bereaved, especially the messages that assures that we will go to

heaven after death. Mr. F himself underwent TRB experience when he was 28 years old. He suddenly lost his mother due to her cerebral hemorrhage. That experience enables him to empathize with TRB Survivors more deeply, as he could resonate with them in that regard. Mr. F believes that “prayer”, “the Bible”, and “the Church as a community” are the most powerful resources available for the bereaved, and it is the Bible that can help TRB Survivors most because he thinks “only the Bible can fill the emptiness TRB Survivors suffer”. As he had served a church in South Korea, he could compare how it is different for him to serve Korean Americans in the United States from taking care of people in a church located in South Korea. A pastor should be involved in more work and service in the Korean American church; for example, the TRB survivor’s children often live in a different state, the TRB survivor’s primary language is Korean and their children’s primary language is English, and pastors are requested to visit many places, such as the hospital, church, their home, the funeral home, and so on. When providing pastoral care and taking care of TRB Survivors, Mr. F clarifies his identity as a pastor because that clear identity and boundary rather help TRB Survivors and Mr. F collaborate better, based on their mutual respect and trust. Whenever he sees he is about to be burn out as a pastor, he reads the Bible, singing Christian music to praise the Lord and Jesus, or playing ping-pong with his colleagues. As he has witnessed TRB experiences, his theology and faith have rather been “reinforced and clarified” since he could confirm the evidence and validity of his theology and faith. That has led him to become more determined, and he decided to live as he weighs the message of the Bible, which affirms the love of Jesus Christ. If he sees TRB Survivors try to reframe their theology, Mr. F said, he would respect their theological reflex and new trial. Mr. F added that he could respect and accept their reframed theology as far as it did not sound like heresy, which negates even essentially basic elements of Christianity. Even though Mr. F said

that he would respect their theological diversity and reframing work, he seemed to wish them not to work on theological reframing in extremely radical way, as he implicitly wanted them to stay in a theological safety zone. Throughout his experience of having provided spiritual care to TRB Survivors, Mr. F learned that it was “the love of Jesus Christ that healed us”. Thus, he could envision nourishing TRB Survivors so that “they could be the disciplines of Jesus Christ as they appreciate the love of Jesus Christ”. He also realized that “the meaning of death should be taught to people in church”. Mr. F has reflected on the way he has taken care of TRB Survivors. He learned that his job should be as minimal as possible as he facilitated the interaction between TRB Survivors and other available resources. During that interaction, he wished the love of Jesus Christ could be assured and delivered to TRB Survivors through the message of the Bible.

G. Participant G (Ms. G)

Ms. G is a 55-year-old woman who has worked for a local church as a pastor. After she earned her Master of Divinity degree, she studied in another master’s program as a counseling major. She has taken care of a woman whose husband died of heart arrest about one year ago. Ms. G lives in Southern California now. The interview has been done as scheduled.

G-1. The Interview Data Analysis

I could deduce eight categories out of the coding work and analysis for the interview I had with her. Each category has different numbers of emerged codes, and I could draw a relational diagram based on the coding analysis.

Table 28*The Eight Categories that Emerged from Ms. G's Interview*

Category 1	What helped TRB survivor recover
Category 2	Ecclesial roles and resources for TRB survivor
Category 3	The way church to go
Category 4	The negative experience TRB survivor underwent
Category 5	My spiritual care philosophy
Category 6	What self-care can be helpful for me or TRB survivor
Category 7	Reflection on my theology and faith
Category 8	Reflection on the relationship between church and God

Table 29*Qualitative Analysis of the Emerged Codes for Ms. G's Interview*

Category	The number of code in the category	The most frequently emerged codes (the frequency)
Category 1	13	- Facilitating expressing (7)
Category 2	8	- The power of prayer (3) - Korean church's role (3)
Category 3	8	- Taking care of people (3)
Category 4	9	- Wait TRB Survivors (3) - Be careful (3)
Category 5	10	- Walk with them (6)
Category 6	4	- Self-care (2)
Category 7	13	- Theology reframing (4) - God's grace (3)
Category 8	3	- God's grace and presence (3)

G-1. Analyzing the Relationships and Connections between Codes and Categories

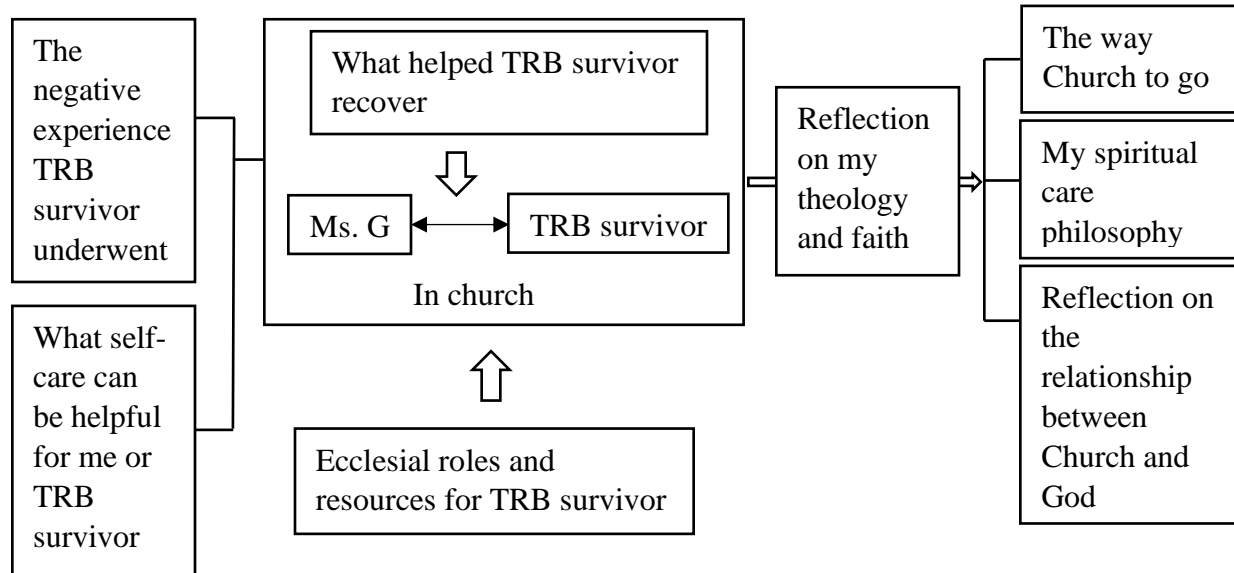
In this interview, the most prominent themes were Category 1 and Category 7. She was the only female minister among those interviewed. She is currently caring for a middle-aged woman who lost her husband to a heart attack a year ago. She is also pursuing a master's degree in counseling at a nearby seminary, as she is passionate about counseling and wants to better

equip herself to care for widows. She mentioned that “older widows often struggle to find a safe space to express their pain and sorrow”. When parishioners become widowed, “the Korean church is often the only place they can turn to for support”. However, these widows often hear hurtful comments like, “Why are you still crying? Your husband is in heaven”, which leads them to stop talking about their husbands altogether. Her husband retired in Korea, and the TRB survivor convinced him to move to the United States for their remaining years together. However, “after experiencing TRB in the United States, the TRB survivor wrestled with guilt, thinking that she may have made a mistake in bringing him there”. She said, “the TRB survivor didn’t want to burden her children and chose to hide her sadness, as many elderly people in the United States avoid expressing their difficulties to their children”. Taking this into account, she helped the widow to freely express her grief and thoughts. She also corrected the widow’s cognitive distortions and supported the widow. For instance, she reminded the widow that she was still an encouraging mother to her children. She emphasized that people should respect and wait for widows in the Church, rather than imposing behaviors on them. She recounted how the widow received a call from a pastor’s wife shortly after her husband’s death, asking her to participate in all church activities, including early morning prayers, which deeply hurt her. In her opinion, “there are areas within Korean churches that need improvement, such as opposition to female ministers, demands for financial contributions based on received grace, and pressure to obey authority”. She was deeply impressed by a minister who primarily cared for dying elderly people and their families when she was 20 years old, which led her to focus on caregiving for the elderly. She proposed the idea of hosting weekly meals for widows to her senior pastor as a way to enhance this aspect of their ministry, but it was rejected due to issues of fairness and practicality. When caring for widows, she “aims to approach them as a warm and friendly

mother or sister but finds that the natural boundaries that exist in her role as a minister often remain”. She expressed compassion for the widow she cares for, who is currently battling cancer due to stress after her husband's death, and encouraged the TRB survivor to practice self-care. She herself also practices self-care “by taking walks, participating in group prayer, traveling, and listening to sermons”. She hopes that “through the Church, the widow will find hope by looking to God, who chose and saved her, and that the widow will be able to find answers in the scriptures during her suffering”. She believes “that the best thing the Church community can do is to continually remember and pray for the widow, serving as intercessors”. If the widow wants to reconstruct her theology, she will respect the TRB survivor’s choice but hopes the TRB survivor won't adopt heretical beliefs. While she would like to tailor her caregiving to each individual’s particularity, practical constraints often limit her to offering differentiated grieving methods and she can only use showing photos or videos of the deceased during a funeral for the purpose. She recognizes that the widow's recovery is a personal journey, and she sees herself as a “companion”, walking alongside her. She believes that “maintaining regular contact and spending time together are crucial when caring for widows”. Through her experiences in caring for widows, she believes her theology has not changed; instead, “it has become more reinforced”. She emphasized the importance of the Church caring for those in need within the community before embarking on external missions. As a companion who walks alongside widows, she reflects on her past experiences and journey. This process is depicted in the following diagram.

Figure 20

Operational Model Diagram for Ms. G's Interview



G-1. Interpretation of Ms. G's Interview

Ms. G had been inspired by a pastor she met when she was 20 years old. The pastor was serving a local church in a rural area, and his pastoral vision was taking care of old people who were about to die. He said, "Please let me know who was dying so that I would arrange funeral and pastoral care for the family". That experience struck Ms. G, and she came to decide to serve old people in the community. One of her church's female laity's husband died of a heart attack about one year ago. Ms. G has felt a huge compassion and empathy toward her. Ms. G saw the woman suffer of extreme stress and emotional pain such as "guilty feeling", "over-responsible", "hopelessness", "fear", "anger", and so on. Ms. G also noticed that the woman began seeing herself and her circumstance through cognitive distortions too. Unfortunately, the woman was diagnosed with cancer six months after she became the bereaved. The woman had been hurt by

people's insensitive comments and inconsiderate treatment. Ms. G encouraged the woman to express all of her emotions and thoughts freely in a safe space. Ms. G helped the woman realize what kinds of distorted thoughts and self-talk she had and fix those distortions by giving her re-affirmation. Ms. G had studied counseling in seminary as a graduate student, and she could make use of what she had learned for the woman. Ms. G thought "prayer" and "companionship" were the most powerful resources that could help the bereaved woman sustain her resiliency and endure all of her emotional pains. As the woman's companion in her recovery process, Ms. G tried to listen to her as Ms. G arranged a safe and free place for the woman. Ms. G minimized the typical roles she had played as a pastor, and Ms. G encouraged her to fully express her emotions and thoughts. In the process, Ms. G realized that how people's insensitive comments could hurt the woman's emotions. Ms. G learned that "we have to ask TRB Survivors what they need and what they want to do as we show our genuine respect and empathy. We should wait until they are ready to move on rather than pushing them". Ms. G knows that for Korean Americans, the roles of the local church is a lot more important and critical than that of church located in South Korea. It is because Korean Americans do not have as many family or friends as they need in the United States. That is why they inevitably rely on the Church in a crisis moment. Ms. G wished the presence of God could be more revealed to the TRB survivor through church so that the survivor could appreciate God's grace and love more. Ms. G also thought God might have wished the Church to take care of the TRB survivor more frequently. Ms. G thought that it was more important to take care of people in church than reaching out to people for missionary purposes because she could not "expect the missionary work to be done successfully without having supported people in church to recover". Ms. G learned that her job was "to be the TRB survivor's companion who minimized her voice and facilitated the smooth interaction between

the TRB survivor, the Church, and God as she kept showing empathetic compassion to the survivor”.

H. Participant H (Mr. H)

Mr. H is a 42-year-old male pastor who has served a Korean American church in New Jersey State for years. He has provided spiritual care to many bereaved people in the Church. Recently, his colleague preacher in the Church lost her husband due to cerebral infarction. Based on the experience, he could share his thoughts in the interview.

H-1. The Interview Data Analysis

I could deduce nine categories out of the coding work and analysis for the interview I had with him. Each category has different numbers of emerged codes, and I could draw a relational diagram based on the coding analysis.

Table 30

The Nine Categories that Emerged from Mr. H's Interview

Category 1	What made spiritual care work for TRB Survivors well
Category 2	Church's role and direction to go
Category 3	The triangular reflexive relationship between TRB survivor, church, and God
Category 4	What I and TRB survivor could do for self-care
Category 5	The resource and characteristic culture of Korean American church
Category 6	What hampers collaborative healing process in church
Category 7	My concern about spiritual care for TRB survivor
Category 8	Reflection on TRB survivor's experience and symptoms
Category 9	Reflection on theological reframing after TRB

Table 31*Qualitative Analysis of the Emerged Codes for Mr. H's Interview*

Category	The number of code in the category	The most frequently emerged codes (the frequency)
Category 1	8	- Prayer and hugging (4) - Genuine attitude (2)
Category 2	8	- Helping people revive (4)
Category 3	8	- Pain to belief (3) - Face and believe (2)
Category 4	6	- TRB survivor's needs (3)
Category 5	7	- Well prepared ritual (4) - Customizing ritual (2)
Category 6	5	- Not focusing (3) - Insensitive comments (2)
Category 7	9	- Pastoral dilemma (5) - Taking I-do-not-know posture (2)
Category 8	5	- Regretful and exhausted (2)
Category 9	12	- Eschatological faith (3) - Reframed theology (3)

H-1. Analyzing the Relationships and Connections between Codes and Categories

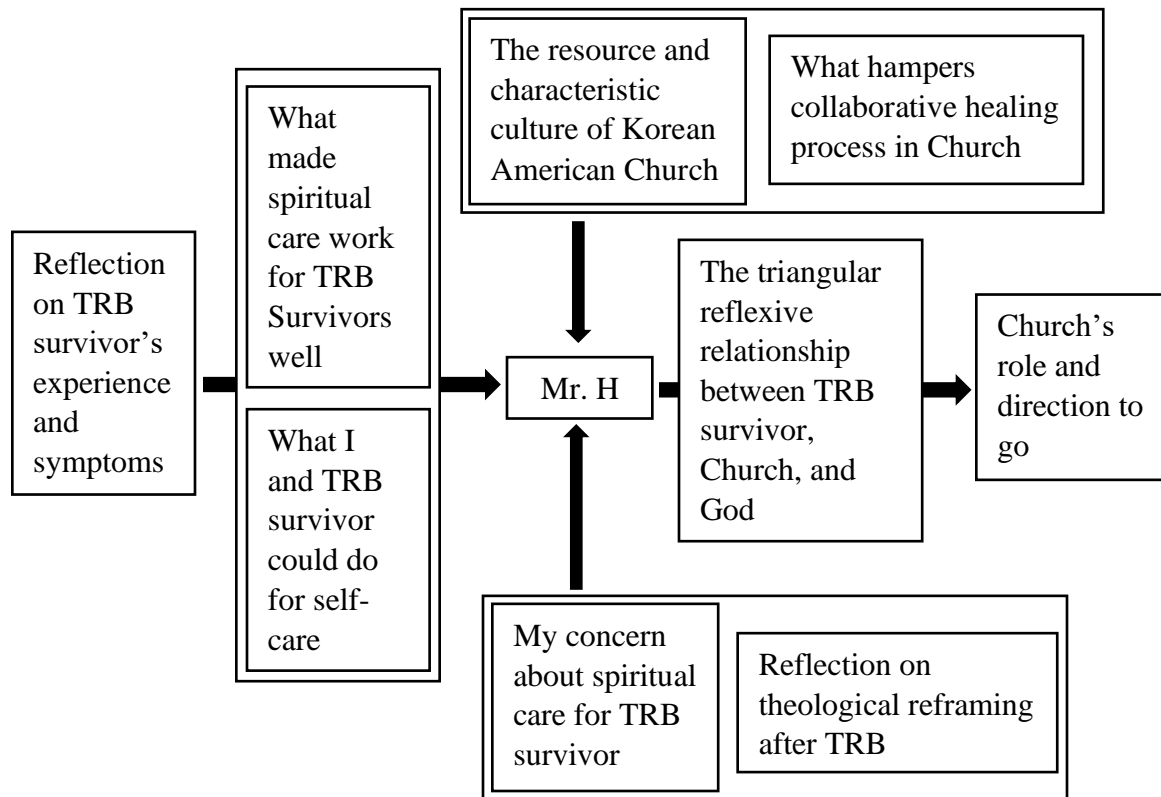
In the interview with him, the most frequent codes appeared in Category 7 and Category 9. He has had a lot of experience caring for the bereaved as a minister over the years. Recently, he witnessed a sudden stroke that led to the death of a woman minister's husband. She has served alongside him in the same church. He was deeply affected by witnessing her husband's sudden death, causing him "to contemplate death more closely and develop an eschatological perspective and theology regarding life's end". In facing the woman minister who experienced TRB, he found himself in a dilemma, struggling with how to comfort her. He wanted "to say or do something to console her", but he was "uncertain about the precise impact or effectiveness of such actions". Therefore, he "simply watched over her, prayed together, hugged her, and shed tears with her, realizing that shedding tears created a stronger emotional connection and bond

with her”. While these actions were undoubtedly effective and supportive, he still pondered whether there might be more definitive ways to provide assistance. As a minister, he felt a strong sense of responsibility and a desire to perform a tangible role in comforting those in grief. He believed that “Korean churches excel in conducting well-prepared funeral services and engaging in corporate intercessory prayer as valuable strengths”. However, he acknowledged the limitations of conducting funeral services and other rituals while adequately reflecting the individual circumstances and uniqueness of each widow. He saw “the significance of widows and the congregation comforting and encouraging each other, striving anew toward the hope of heaven through the Church's support following TRB”. He believed that “in the triangle relationship formed by God, the Church, and widows, they would experience mutual suffering, consolation, growth, and the emergence of new hope”. Through this triangular relationship and mutual exchange process, he believed “that widows and the Church would undergo an experience where the confession of pain transforms into a confession of faith”. When providing comfort to widows during the grieving process, it's essential to be cautious about situations where people in the Church may “unintentionally divert their attention from the widow or make inadvertent remarks that can hurt”. Thus, he said that “to address these concerns and make improvements, conducting education or workshops within the Church for widow care could be beneficial”. When dealing with widows, a delicate, warm, flexible response and attitude are required. He shared an experience when, in the past, a church member suddenly lost a family member and attended an evening worship service in a state of shock and mourning. On that day, he led worship as planned, singing lively songs and delivering a sermon that seemed unrelated to the grieving individual's situation. Looking back, he felt “regret and sorrow as a minister”. If he were to go back to that situation now, he said he would have made an effort to adapt the prepared

songs and sermon content more “flexibly to spontaneously create a worship service that would be more effective and comforting for the grieving widow”. He recalled that the senior pastor had told the grieving church member, “You must overcome this with faith”, and witnessing this, he realized that “such care might not be very helpful”. Ministering to widows can be emotionally draining, and he practices self-care by watching movies or engaging in conversations with his wife. Through these processes, he can change his mood and regain energy. For those who seek theological reconstruction after TRB, he would respect their choices. He believes that he cannot change someone's strong determination but hopes that their new theology will not contain overly pessimistic or heretical elements. He expressed the view that adopting an “I-do-not-know posture” as a minister, while understandable in its intention and purpose, might feel burdensome “due to a sense of irresponsibility in not taking action when needed”. His style is to greet parishioners with warmth and sincerity, as he genuinely cares for them, which makes adopting an “I-do-not-know posture” uncomfortable for him. Throughout his years of caring for widows, he has consistently contemplated and continues to work on improving his approach to widow care. The journey of his efforts and contemplation can be represented in the following diagram.

Figure 21

Operational Model Diagram for Mr. H's Interview



H-1. Interpretation of Mr. H's Interview

Mr. H is a determined pastor who has tried to improve his way of taking care of the bereaved by reflecting on his spiritual care experience with them. He learned what was helpful to them, what should have been practiced more, what should be avoided, and what can be added to the spiritual care he provided through his reflection on spiritual care work he had done.

Throughout years of pastoral care experience, he was aware of the typical symptoms that TRB Survivors went through, including physical, spiritual, emotional, and mental symptoms. For him, showing his “genuine attitude to TRB Survivors was one of the most helpful way of taking care of them”. Additionally, he thought that “prayer”, “hugging”, and “crying for them” in the

community were also helpful for them. Mr. H has seen that TRB Survivors were about to become burned out due to the lasting pains they had to endure. He often asked them “what they needed”, and he gladly accepted their requests within his capability and boundaries. For example, when the preacher who lost her husband a month ago looked burned out, he took over her assigned church work to reduce her workload. He often saw himself struggle with “pastoral dilemmas” when he witnessed a TRB survivor; even though he desperately wanted to say something helpful for the bereaved, he could not say anything on the chance that he might hurt the bereaved unintentionally. Just showing his presence and listening to the bereaved made him feel regretful because he thought “This is not enough. I should have done more adequate and tangible pastoral care work for the bereaved”. Displaying an I-do-not-know posture was hard for him to practice because he felt “guilty” as he thought that an I-do-not-know posture was equivalent to “I do not do anything” or “I cannot do anything”. Mr. H has a self-reflective character with a high level of responsibility. That is why the two thoughts, ‘I have to do something for the bereaved now’ and ‘I am staying mindful as I do not want to hurt the bereaved by any chance’ are conflicting in his mind. Through his experience of having witnessed and taken care of TRB Survivors, he stated that his theology of faith did not change, but he has come to comprehend life through an eschatological worldview. He learned that “we never know what will happen to us tomorrow”. He sometimes has seen the bereaved try to reframe his or her theology. Mr. H said that he would respect their reframing work, but he added that he might feel “sad or awkward” about the bereaved who has reframed his or her theology so radically. Mr. H believes that “well-prepared ritual” for the bereaved is a very important ecclesial resource for Korean Americans. However, “as people in the Korean American church tend to think highly of fairness, arranging a customized ritual for the bereaved is hard to practice”. Mr. H thinks that as

the bereaved becomes vulnerable and delicate, we should be more careful in order not to hurt or disappoint the bereaved. For example, he has seen that people who participated in funeral were talking about irrelevant topics without focusing on the bereaved. He was also repulsed by a senior pastor's comment spoken to a TRB survivor. The senior pastor told the bereaved, "You have to overcome the pain through your faith", and Mr. H thought the comment was so insensitive and a harmful cliché. Mr. H thinks that "church's role is to help people revive" from the TRB experience. This sometimes requires people in church to become more flexible when they witness or face an exceptional case. For example, he mentioned, a joyful hymn should not be sung during worship, and the content of a pastor's sermon needs to be filtered out of consideration for the bereaved's response. Mr. H said that the triangular reflexive relationship between the bereaved, church, and God is meaningful. In the triangular relationship, the bereaved, church, and God feel pain together. Throughout the recovery process, Mr. H believed that the bereaved's theological shift is made from "confession of pain" to "confession of belief" as the bereaved come to find new meaning out of the experience by the guidance of God. Mr. H hopes to hold a workshop to educate people how to take care of the bereaved well in church. Mr. H is an ongoing learner who knows the essential purpose and reason of church's existence in the community.

4.3 Summary and Conclusion

(1) Review of the Most Frequently Emerged Codes during the Interviews

A. TRB Survivors

I have completed interviews with all TRB Survivors and finished the analysis and interpretation for each interview. During the analysis phase of each participant's interview, I

merged similar codes that emerged through four iterations and grouped similar content codes to create categories. Then, within these categories, I noted the codes that appeared most frequently, along with their frequencies, in the “The most frequently emerged codes (the frequency)” section. So far, I have used this method to count the number of codes obtained for individual interviewees, consolidated these codes, integrated similar ones, and highlighted the codes with the highest frequency as the most prominent content in the interviews, for analysis and interpretation. Now, with the results of eight interviews conducted with four TRB Survivors over two sessions each, I have analyzed and interpreted these results by considering them as if they were the outcome of an interview with a single person. I used the same method as before, analyzing and interpreting each individual interview. I consolidated all eight interview results into one, listed the codes, counted their occurrences, integrated similar content codes, and grouped these similar contents into categories to define the themes of those categories. The comprehensive results obtained are as follows.

Table 32*The Categories and Codes that Emerged from the TRB Survivors' Interviews*

	Category (the number of codes in the category)	Emerged codes (the added up number of codes emerged)
1	What helped me recover out of the impact of TRB (86)	<ul style="list-style-type: none"> - Being alone (2) - People's presence (2) - My particular needs (4) - Spending time alone (6) - Six months (5) - Genuine attitude (6) - Time and family (6) - Family and community (4) - My resources (2) - Funeral was perfect (5) - Prayer and grieving (3) - Genuine care and presence (4) - Reading and praying (3) - Sharing time together (2) - Listening well (3) - People's prayer (5) - More proactive (3) - Intercessory prayer (4) - Family motivated me (2) - God's angels (4) - Financial and material support (5) - Care and rituals (6)
2	What was not helpful (or even hurtful) for me to recover from the impact of TRB (21)	<ul style="list-style-type: none"> - Banal clichés (4) - Disappointing attitude (6) - Insensitive comment or advice (5) - Not expressing (3) - Bias and misunderstanding (3)
3	What I want to suggest Church to consider or change for improving spiritual care for TRB Survivors (20)	<ul style="list-style-type: none"> - Re-interpretation of death (3) - Just a few (2) - Authoritative and rigid (3) - God's servant (2) - Too busy Pastors (3) - Spiritual care ended (2) - A supporting team (5)

	Category (the number of codes in the category)	Emerg ed codes (the added up number of codes emerged)
4	My reflection on spouse's death and the way I understand the death (11)	<ul style="list-style-type: none"> - Understanding husband more (5) - God's punishment (3) - Meaningful dates (3)
5	My lessons-learned and goals, vision, and new meaning of life for the future (77)	<ul style="list-style-type: none"> - Practicing love (6) - Value set changed (4) - Die-well is important (3) - Accepting reality (6) - God-given identity (3) - Living my life (2) - As God plans (5) - Supporting missionaries (9) - Enjoying my life (3) - Independent woman (3) - Humble and caring (2) - Gratitude and grace (5) - Converting and evangelizing (4) - Less secular values (5) - Providing care (3) - Reconstructing new theology (5) - Interested in spirituality (4) - Empathetic to people (3) - Living in heaven (2)
6	My experience and symptoms I went through after TRB (49)	<ul style="list-style-type: none"> - Somatic symptoms (3) - Various emotional pains (4) - Enduring and overcoming (4) - Venting anger to people (5) - Familial conflict (3) - Feeling isolated (2) - Resentment toward God (3) - Full of anger (4) - Unable to accept (3) - Burnout and symptoms (7) - Leaving the Church (8) - Not accepting the reality (3)

	Category (the number of codes in the category)	Emergenced codes (the added up number of codes emerged)
7	The new and reflexive relationship between TRB Survivors, church, and God (57)	<ul style="list-style-type: none"> - God's grace and love (12) - Theological deconstruction (3) - Narrative and kinship (2) - Deconstruction work (11) - We were harmonized (8) - The same relationship (2) - Providence and authority (2) - Speaking to God (3) - Safety and belonging (2) - Living with God's grace (3) - Love and protection (3) - God's making Kingdom (1) - Obeying God (2) - People and church (3)

As the summarized outcome shows, TRB Survivors suggested several important things to consider. First, they could recover from the impact of TRB as they spend time alone. While they stayed alone at home, their body gradually became restored, and they could find new ways of becoming connected to God and church. Second, all of the TRB survivor interviewees indicated that they went through theological reframing even though there was a difference in the degree (or pattern) of reframing. Their theological reframing was different from what I referred to as theological deconstruction in my thesis statement. However, they witnessed their theology and faith slowly change. Factors such as gender, social position, personal character, and age seemed to be related to the way their theology and faith became reframed on their own. A lack of theological education, the influence of Confucianism, and their anxiety might stop them from deconstructing their theology to rebuild it more radically. Third, TRB Survivors faced realistic problems and issues after TRB happened. For example, most of them desperately needed financial support, food support, or child care. All of the interviewees mentioned that fortunately

they were supported and helped by people in time so they thought the people looked like “angels” God sent to them. Fourth, TRB Survivors suggested that the Church needs to educate people about death. Additionally, TRB Survivors wished there was a specialized team which consists of well-trained people who could help the bereaved in church. Fifth, TRB Survivors learned lessons from their TRB experiences, and they set up new goals and identities for future. They also interpreted their experiences as they found new meaning out of them. After TRB, they seemed to live in a new dimension of reality. Sixth, they underwent severe physical, emotional, and mental pains after TRB. They said that they themselves had to endure and stay with the pains for themselves as they believed those moments were inevitably required for their healing. Seventh, TRB Survivors could re-affirm the love and grace of God, and God’s love and grace could decisively help them become restored and motivated again. God’s love and grace were found to be a lot more powerful than they had believed, to the point that pains stemming from TRB experiences looked tiny compared with God’s love and grace. Church is the place where God’s love and grace shed light on the TRB survivor’s hurt and pain. In the Church, TRB Survivors experienced that they were harmonized with people and God as they prayed, sang hymns, and cried together.

Table 33*The Categories and Codes that Emerged from the Pastors' Interviews*

	Category (the number of codes in the category)	Emerg ed codes (the added up number of codes emerg ed)
1	What was helpful to TRB Survivors (60)	<ul style="list-style-type: none"> - Visiting frequently (3) - Listening carefully (2) - Do not push (5) - The Bible's message (3) - Relationship with God (2) - Warm presence of church (2) - Death and Resurrection (5) - In community (6) - Listening and boundary (6) - Reading the Bible (4) - Expressing thoughts and emotions (7) - The power of prayer (3) - Waiting TRB Survivors (3) - Prayer, hugging, and time (4) - Genuine attitude and trust (2) - What TRB survivor needed (3)
2	What was not helpful or even harmful to TRB Survivors (8)	<ul style="list-style-type: none"> - Insensitive comments (5) - Focusing on the bereaved (3)
3	Reflection on the triangular reflexive relationship between the bereaved, church, and God (11)	<ul style="list-style-type: none"> - God's grace (3) - Providing care mutually (3) - Theological shift (3) - Facing and believing (2)
4	Considering Korean American's culture, psychology, and reality (12)	<ul style="list-style-type: none"> - God's presence (3) - Korean church's role (3) - Well prepared ritual (4) - Fairness in church (2)
5	Theological reframing occurring after TRB experience (24)	<ul style="list-style-type: none"> - Allowing and encouraging (7) - Respecting people's reframing (8) - In safety zone (4) - Clarified and reinforced (2) - Eschatological view (3)

	Category (the number of codes in the category)	Emerged codes (the added up number of codes emerged)
6	Reflection on my way of providing spiritual care to TRB survivor (27)	<ul style="list-style-type: none"> - No fixed answer (3) - Difficulty of care (3) - Much work (3) - As a pastor (3) - Walking as companion (6) - Pastoral dilemma (5) - Performance anxiety (2) - Regretful and exhausted (2)
7	What we can do for self-care (4)	<ul style="list-style-type: none"> - Reading and prayer (2) - Walk and Jacuzzi (2)
8	My reflection on ecclesial roles for TRB Survivors (19)	<ul style="list-style-type: none"> - Introducing Jesus Christ (3) - Discipline of Jesus (5) - Reflection on death (4) - Providing care (3) - Help people revive (4)

The interviewees were all pastors who served local Korean American churches over 10 years in the United States. Based on the interview data analysis, I could find several common themes. First, all of them tried to secure their theological-safety-zone, and they did not want any laity member to become theological derailed out of the safety zone. The interviewed pastors thought that even if theology is restructured very liberally, the fundamental theological contents that have been widely agreed upon as Christian theology must be securely preserved. In other words, theological reconstruction should be carried out safely within the framework of the basic concepts and agreements that have been maintained in Christianity for a long time, without straying too far from them. Theological-safety-zone means this safe boundary. Pastors have observed that in the process of caring for TRB Survivors, their existing theological concepts not only did not deviate significantly from what they had adhered to but rather deepened and solidified in that direction. On the other hand, TRB Survivors often sought to build a new

theology during their recovery process. However, they were concerned that this theological reconstruction work might be too radical, be labeled as heretical, or even shake the very fundamental contents of Christian theology by reinterpretation. Even though they said that they would respect TRB survivor's theological reframing, they, both implicitly and explicitly, wished TRB Survivors to "stay" or "come back to" the theological safety zone. Second, each interviewee had his or her own characteristic theological value. To be specific, Mr. E emphasizes "the message of the Bible", "faith", "the Resurrection", and "eternal life". Mr. F valued "Jesus' love" and "disciple". Mr. G thought highly of taking care of TRB survivor as an "accompanying counselor". Mr. H regarded "dedication" and "ecclesial role and responsibility" as critically important values. Third, interviewees agreed that the Korean American church's roles are a lot more important for Korean Americans in the United States. Korean Americans usually lack acquaintances and social networks. Thus, this made them rely on the Korean American church a lot more than usual while they go through a crisis moment. The Korean American church is a community where many resources are available to increase a TRB survivor's sense of belonging and sense of connection to God and people. Depending on the Church's readiness and well-played roles, TRB Survivors can restore their resiliency and hope more effectively. Fourth, the interviewees were aware of the harmful consequence of insensitive comment spoken to TRB Survivors. They were willing to arrange an education or workshop for people to learn how to avoid making insensitive comments and what not to do to TRB Survivors. Fifth, the interviewees thought that the Church's important role should be "affirming God's love and grace" and "assuring hope for heaven". Church is a place which should revive devastated people. The interviewees sometimes felt torn between the two thoughts, "I have to do this for TRB Survivors more" and "I have no time because I am so busy due to lots of work". In this struggle and

dilemma, they try to find and fulfill their roles as pastor. Sixth, the interviewees could not take an I-do-not-know attitude to people easily in church. They felt guilty about taking that attitude since the I-do-not-know attitude provoked performance anxiety in a way. An I-do-not-know attitude can help pastors create more space as they try to learn from TRB Survivors by showing their curiosity and respect.

Pastors in Korean American churches are used to a work environment occupied with preaching, teaching, and visiting. This often stops them from taking an I-do-not-know attitude with TRB Survivors, and this can cause their boundary to be blurred or even meshed. Pastors in the Korean American church can reflect on this issue from different perspectives.

Chapter 5. Discussion

Based on data analysis, I identified the defining traits of TRB Survivors in terms of how they comprehend their TRB experiences, create meaning from their life experiences, and envision their future following these encounters. I also explored how pastors treated TRB Survivors as they provided spiritual care for the TRB Survivors. While I reviewed and analyzed the data, I tried to see if the data showed any plausible clue that can be relevant to my two research questions: 1) “How can the Church provide a more effective spiritual care to Korean American TRB Survivors?” and 2) “After TRB, what reflexive relationship can be established between TRB Survivors, the Church, and God so each can help and nurture the other by better using their own resources in the triangular relationship?” My research thesis is that TRB Survivors can have an opportunity of reconstructing and cultivating new understanding and meaning through the collaborative triangular relationship between TRB Survivors, the Church, and God. I thought it would be insightful work if I could reflect on the research data and analysis as I related them to the research questions and thesis by employing the main ideas of process theology, constructive theology, and narrative psychotherapy. Each theory would facilitate dialogue between TRB Survivors, the Church, and God. I expected that this discussion can help me compare my research thesis and assumption with the real data and analyzed outcomes. I decided to invite several process theologians, constructive theologians, and narrative psychotherapy experts as dialogue partners. It was because I was curious how TRB Survivors would have interpret their TRB experiences and made meaning out of their reflection differently if TRB Survivors had used the ideas of process theology, constructive theology, or narrative psychotherapy.

Firstly, I believed that process theology could facilitate the dialogue that mainly deals with the reflexive relationship between TRB Survivors and God since process theology can help TRB Survivors understand God and their experiences from a new perspective:

In process theology, God is constantly, in every moment and in every place, doing everything within God's power to bring about the good...Instead, God works by sharing with us a vision of the better way, of the good and the beautiful. (Mesle, 1993, pp. 13-14)

Process theology can help TRB Survivors understand God from a new perspective. Process theology is different from a theology that emphasizes God's omnipotence, God's providence and sovereignty, and God-given predetermination. Process theology can help people reinterpret their experiences of the past from a new perspective, choose what they can do in the present moment, and expect what they can do in the future with more curiosity and hope. Process theology affirms that our future is becoming created for the good in the web of relationship. Consequently, in the relationship, TRB Survivors could start reinterpreting their lived experience as they resharpened new perspective toward their past, present, and future.

Secondly, I also explored how constructive theology could reframe the relationship between church and God. A Church is a place where God's narrative and people's narratives are intersecting here and now. The features and content of the intersection vary as those depend on the needs of people and God. According to Grau and Wyman (Eds.) (2020):

Systematic theology, arising out of the emerging modernist insistence on rationality and science in the 1600s, seeks to describe Christianity and its major doctrines in a rigorous, coherent, ultimately logically sound whole and finally, and constructive theology emphasizes the contingent, transient, impermanent, and ultimately constructed reality of

any theological speech, insisting on foregrounding the imaginatively constructive work that is truly at the heart of theology. (p. 10)

This urged me to reframe the relationship between the Church and God as both of them witnessed TRB experiences to see how theology should be reconstructed to explain the newly learned reality for advocating church and God. In that sense, constructive theology could facilitate the theological dialogue between the Church and God.

Thirdly, a narrative psychotherapy could help TRB Survivors and the Church to understand what they have witnessed through their narrative as they learned how theological bias or socially dominant narratives had been imposed on them. Throughout this conversation and revising work, TRB Survivors and people in the Church were expected to reframe the way they understood their experiences and what they could do in order to construct their meaningful lives in preferred ways. This conversation also helped TRB Survivors and people in the Church formulate mutually nourishing relationships by reflecting on what could unintentionally harm others.

5.1 Reflection from the Perspective of Process Theology

(1) Prehension and Experience

All of the TRB Survivors in my study thought that time helped them relieve their emotional pain and recover their motivation and hope. The TRB Survivors who had interviews with me said they needed to have their own time as they stayed at home alone. Then, how did the time they spent work out for them to recover from the TRB aftermath? Their ability to recover doesn't hinge on the realization that their TRB occurred solely in the past. We often hear that "time heals all wounds", and I want to explore in what way time healed TRB Survivors' wounds.

Mesle introduces Whitehead's belief that there is no actual thing which does not change, and basically, time is the passage of ongoing "becoming" and "perishing" (Mesle, 2008). The world is composed of a continuous flow of events and ongoing processes. Events and processes extend to the fundamental roots of reality (Mesle, 2008). Hence, our forthcoming days are not preordained or existing entities; instead, they unfold from the void, taking shape through the amalgamation of our past encounters and the choices made in the present (Mesle, 2008). Consequently, things are becoming rather than staying as fixed beings. Process thinkers posit that each fresh moment or experience event comes into existence and subsequently fades away, allowing for the emergence of a new experiential event imbued with the freedom and novelty bestowed by God (Mesle, 1993). Whitehead understands that "the universe is thus a creative advance into novelty" (Whitehead, 1978, p. 222), where novelty assumes its role in guiding reality towards unprecedented newness that has never previously existed. Whitehead believes that God is the fundamental resource of the world's free process and progress as he thinks that "apart from God, there could be no relevant novelty" (Whitehead, 1978, p. 164). In the absence of freedom and novelty, our realities and the world could have perpetually cycled through the same unchanging circumstances (Mesle, 2008). Mesle (2008) introduces Whitehead's concept that creativity stands as the fundamental reality, indicating that the process of emergence and decline is a shared attribute among all existing entities, marking the universe's continuous innovative progression. As a result, from one perspective, this novelty signifies the emergence of entirely new occurrences that have not previously been present. This emergence is made possible by the fact that God serves as the very wellspring of the world's freedom and potentiality (Mesle, 2008). That God enables the whole universe to advance into novelty assures that a TRB Survivors' painful symptoms and struggles are becoming new things that have not existed, which

gives the survivors hope and relief. Knowing that things are becoming new and different enables the TRB Survivors to stay more hopeful as they expected their tomorrow would be another new day. In other words, this idea of process theology implies that we can restart at every moment. As a matter of fact, TRB Survivors saw and felt that there had been daily new changes made in many aspects of their lives. Consequently, these ideas of process theology are expected to help TRB Survivors recover from the impact of the aftermaths in many aspects. TRB Survivors went through an extremely hard situation right after they experienced TRB. To be specific, they underwent severe physical symptoms, emotional pains, spiritual confusion, mental stresses, and realistic problems right after TRB experiences. However, as time went on, they could see those hard situations were changing the way they could endure the pains a little more easily, and they could interpret the experience from a different angle. They experienced that things had been changing. It implies that their becoming process and change were made in many dimensions while they spent time alone at home. The new process is being formed within the domain of TRB survivor's physical cells, organs, emotions, mental state, family life, interactions within the community, and their collaboration with God, among other aspects. Throughout this process, they view their past experiences as the building blocks of their future and actively opt to confront and engage with God in the present moment. Avoiding interacting with people reduced the number of factors that can cause more complex processes and changes in their situation. As a vulnerable person who could handle just a few things they could endure, focusing on themselves as they faced and interacted with God in isolation helped them find a new room for restoration. At the moment, they could become reaffirmed that “God still loves me”, “There are still many things I could be grateful for”, or “There still remain hope and meaning in my life”. As a result,

their physical symptoms became in remission and they could relieve their mental and emotional pains to some degree after a certain amount of time had passed.

An idea of process theology also explains why verbal clichés and uniform ways of care did not work for TRB Survivors. Concrescence refers to the process of becoming in which potential possibilities are sifted through, and only those that will come to fruition are chosen (Whitehead, 1978). As a result, every actual entity must undergo a transformation into a specific state rather than another, irrespective of the intricacy involved (Mesle, 2008). The new actual entity encounters the entirety of the past actual world, amalgamating that world into a singular new entity, a “production of novel togetherness” (Whitehead, 1978, p. 21). This idea of how concrescence works can explain why people’s verbal clichés or advice never helped TRB Survivors, but rather disappointed them. People attempted to offer clichés or advice to TRB Survivors with the belief that what they were conveying would be beneficial, based on the premise that these clichés or advice had been helpful to others in the past. That those clichés and advice were helpful was what effectively held true at some point in the past, but not now. Considering that the flow of process Mesle and Whitehead propose is irreversible, applying those ideas of clichés and advice to TRB Survivors’ situations cannot be reasonable because it cannot guarantee the same positive outcome and it can rather disturb the natural process between TRB Survivors and other factors.

(2) Relationship

Mesle introduces Whitehead’s idea that Whitehead comprehends that the nature of experience possesses a vector-like quality, consisting of a shared measure of intensity and distinct varieties of sensations that communicate this level of intensity (Mesle, 2008). Within the

framework of process theology, each instance of novelty emerges by being shaped both by its preceding state and its inherent capacity for self-driven innovation. This act of self-creation is intrinsically connected to relationships. The context or novelty doesn't exist in isolation; rather, it is intertwined with others. Whitehead's process-oriented concepts emphasize the importance of interdependence over self-sufficiency, presenting interdependence not solely as an aspiration but as an inherent ontological trait (Cobb & Griffin, 1976). This idea resonates with the way many Asian people formulate relationship with others. To be specific, Korean people say human being “*inkan*”, Chinese people say human being “*rénlèi*”, Japanese people say human being “*ninken*”. All of these words originated from the same combined Chinese character word, 人間, where 人 means human and describes two people who are relying on each other, and 間 means between or among. Consequently, this word implies that we cannot live alone and we have to take care of each other within an interdependent relationship. Heidegger perceives the other human being exclusively as someone who partakes in the shared world while Whitehead's perspective allows for the involvement of other individuals as contributing factors in shaping one's own existence, recognizing the capacity for personal contribution to the experiences of others (Lee, 1974). Thus, we can secure our connection together through mutual trust. This is why TRB survivor interviewees mentioned that even though they wanted to spend time alone, people showing their presence and genuine support were so helpful. Although visiting people did not say anything much, their presence itself, listening to the TRB survivor, and showing their empathetic understanding were found to be irreplaceable resources we could make use of when we want to take care of TRB Survivors. This has been also confirmed in the Book of Job in the Hebrew Bible. Kushner (1981) recalls the story of Job's three friends who visited and stayed with Job. In the book, God scolded the three friends for their offensive advices spoken to Job. However,

Kushner (1981) thinks that the three friends also did several things helpful to Job: they came and visited Job, they spent time with Job, and they listened to Job. This reflection also affirms the importance of showing our presence, listening, and spending time together with TRB survivor.

With this idea in mind, I can now consider what would constitute an appropriate ecclesial role for TRB Survivors. Whitehead sees “Jesus as a supreme figure of history” since Christianity began with the life of Jesus (Cobb & Griffin, 1999, p. 96). “God as creative love was identified with the Primordial Nature of God. God, in this aspect, is the source of novel order and ordered novelty in the world” (Cobb & Griffin, 1999, p. 98). As TRB Survivors emphasized during the interviews, they believed they could attain some degree of transformation and growth throughout their processes. I realized that those TRB Survivors’ opinion and viewpoint resonate with Cobb and Griffin’s thought that “Creative transformation is the essence of growth, and growth is of the essence of life” (Cobb & Griffin, 1999, p. 100). According to Suchocki, Paul’s perception of the Christian life was centered around living within the realm of Christ and this could be interpreted as existing within a dynamic influence generated by the life, death, and resurrection of Jesus (Suchocki, 1989). The life of Jesus constituted an extraordinary occurrence, and its recurrent reenactment and remembrance have fortified the sphere of its influence (Suchocki, 1989). The primary responsibility of the Church is to enhance and expand the sphere of influence (Suchocki, 1989). In the field of force, TRB Survivors’ real needs, problems, narratives, and theological gaps were shed light on for TRB Survivors to start casting doubt on what they have taken for granted. Jesus displayed a willingness for innovative change, and aligning with him involves participating in that openness, and in doing so, Jesus continually challenges our conventional notions of virtue (Suchocki, 1989). Through altering our self-evaluation, he enables us to embrace inventive change (Suchocki, 1989). Thus, TRB Survivors

might try to reflect on their “embedded theology” (Doehring, 2015) and deconstruct their embedded theology in order to reframe it to the degree they could. TRB Survivors also experienced that they could become harmonized with the Church and God in a certain condition. This harmonious juncture served as the meeting point where TRB Survivors received support from ecclesial resources and God's love, enabling them to embark on the journey of rediscovering new life meanings and reshaping their aspirations. This supports my thesis in that TRB Survivors went through these steps as they collaborated with the Church and God, even though the steps and degree are different for each TRB Survivors. However, TRB Survivors’ relearning and reconstructing process was not accurately same as my assumption. For example, I saw Ms. C who collaborated more with God as she interacted a lot less with the Church. I also confirmed that Ms. B rather reinforced her “lived theology” (Doehring, 2015) than she tried to relearn the new meaning of her experience and reality.

Process theologians assert that our reality fundamentally hinges on relationships, compelling us to actively seek out and undertake all possible measures to alleviate suffering with a compassionate approach, given our interconnectedness (Mesle, 1993). In the course of this relational, empathetic, and reciprocal care, what was previously incomprehensible can begin to take on clarity, as TRB Survivors refrain from limiting God to their own perspective. Through this caring relationship, TRB Survivors could become assured that God loves them.

(3) Experience and Causation

In the framework of process naturalism, the inherent ambiguity of all existence is acknowledged, as it posits that every experience and event have the potential to evoke both pain and pleasure, as well as both destruction and creation (Mesle, 1993). The divine Creator lacks

intentions, leading to the absence of anything that was originally intended to exist (Mesle, 1993). This implies that what we experience keeps becoming and progressing within uncertainty. As we live in a world filled with uncertainty, experiencing anxiety, anger, and sadness, can religion play a role in transforming us and fostering our personal growth through these experiences? In that regard, Mesle maintains that “Religion is a quest for salvation from the evils of life. Most fundamentally, religion is a quest for human transformation” (Mesle, 1993, p. 132). On top of that, “process naturalists believe that nature is what there is. This means that the sources of human good must lie within nature, too” (Mesle, 1993, p.133). Through such assertions, it can be understood that people's experiences undergo a process of creative transformation through the persuasive love of God within the natural world. Namely, our experiences and process are newly interwoven in nature. “As Mesle makes clear, Wieman understood God as an actual process, operative in nature and especially in human community...It is the process through which we are creatively transformed” (Mesle, 1993, p.135). This resonates with what TRB Survivors experienced during their recovery process. As TRB Survivors said in the interviews, it was God’s grace that saved them as it helped them get through the hard situation while TRB Survivors just tried to stay faithful to God and open to new possibility. Thus, it is worth of examining whether the process theologians’ ideas are compatible with the ideas of naturalism. Whitehead comprehends that our emotions effectively elucidate our encounters with the physical world (Whitehead, 1978). Whitehead contended that by employing terms such as “energy”, “form of energy”, and “vector”, this metaphysical depiction of the most fundamental components can encompass the entire spectrum of actual entities within our existence (Whitehead, 1978, p. 116). Mesle presents John B. Cobb Jr.'s concept, wherein a soul is perceived not as an isolated entity within us, but as a dynamic process encompassing a collection of experiences, thoughts,

emotions, dreams, and memories (Mesle, 2008). These ideas suggest that human beings' experiences and lives can follow the law of naturalism in many ways. Consequently, we cannot live as if we are free from the laws of naturalism, such as the law of universal gravitation, the law of action and reaction, or the law of electromagnetism. Whitehead introduces that Kant also recognizes that space, time, substance, and causality serve as elements through which we perceive our subjective phenomenal reality originating from an underlying noumenal realm (Whitehead, 1978). This process naturalism supports the idea that regarding TRB experience, there is no need for a cause-and-effect analysis, emphasizing that it operates without necessitating such an analytical approach. Process naturalism observes events in the world with an impartial perspective as well. For example, when an individual encounters profound suffering, traditional theology may attribute it to the person's sinfulness, insufficient repentance, or excessive adherence to secular values instead of striving to fulfill God's guidance. However, we have observed that there is often little correlation between our suffering and the way we have lived our lives. Following a traditional theological perspective, individuals engaged in criminal activities are expected to endure intense suffering as a form of divine retribution, while those who lead virtuous lives aligned with God's intentions are believed to consistently prosper under all circumstances. The application of this traditional theological analysis in interpreting and comprehending TRB can be harsh and insensitive to TRB Survivors. Actually, TRB Survivors shared their stories, illustrating how they grew increasingly frustrated with the insensitive assumptions, analyses, and clichés they encountered within the Church. It was a kind of unintended abuse of theological condemnation exerted on TRB Survivors. Thus, TRB Survivors desperately tried to find other ways of interpreting their experiences. In that sense, I think that process naturalism can be a good alternative resource that can help TRB Survivors understand

what has not made sense. As depicted in The Book of Job, divine retribution isn't consistently bestowed upon the virtuous, nor is divine punishment invariably inflicted upon the immoral (Mesle, 1993). Kushner maintains that “one of the ways in which people have tried to make sense of the world’s suffering in every generation has been by assuming that we deserve what we get, that somehow our misfortunes come as punishment for our sins” (Kushner, 1981, p. 9). I agree with process naturalism in that I believe our suffering did not occur because of our sin or for the purpose of God’s disciplining us. I can assume the reason our suffering happens is more probably because of our unintended negligence or natural coincidence. That’s why we are hardly free from the possibility of experiencing suffering, trauma, or even disaster. When it rains, everybody becomes wet. There is no exception, even to righteous people. I think, as Kushner suggests, what TRB Survivors wished they could have done differently was asking God, “What do I do now that it has happened?” rather than asking, “Why did it happen?” (Kushner, 1981, p. 71). “Laws of nature treat everyone alike. They do not make exceptions for good people or for useful people” (Kushner, 1981, p. 58). Kushner introduces Thornton Wilder’s explanation that “God has a pattern into which all of our lives fit. His pattern requires that some lives be twisted, knotted, or cut short... God’s pattern of reward and punishment seems arbitrary and without design, like the underside of a tapestry” (Kushner, 1981, p. 18). However, Kushner adds that “from God’s vantage point, every twist and knot is seen to have its place in a great design that adds up to a work of art” (Kushner, 1981, p. 18). Knowing these ideas can help TRB Survivors feel more relieved and hopeful. Then, they can try to find “meaning”, “benefit”, and “identity” (Gillies & Neimeyer, 2006) out of their grief and loss, and then I think that TRB Survivors can continue to move forward. Naturalism can lead TRB Survivors to try to apply an idea of naturalism to their reality. For example, one of the most universal naturalist principles is the

Principal of Conservation. The Principle of Conservation states that the combined mass of oxygen and hydrogen remains constant, irrespective of any alterations in the substance's state. For instance, water can transition between liquid, vapor, or ice, yet its overall content remains unchanged. Similarly, in the case of a seesaw, the total of the different heights at each end remains unchanged. This principle dictates that modifications in the form or motion of an entity lead to corresponding changes in the resultant outcome. Can we apply this principle to TRB Survivors? Could TRB Survivors become more hopeful by believing that the loss caused by TRB might result in a gain, now or later? It's painful to become afflicted by TRB experience all of a sudden, as the TRB survivor's ordinary boundary is infringed for no understandable reason. For this loss, the principle assures that a TRB survivor's loss should be replenished with something rewarding even though it is extremely difficult to expect the upside of a situation when TRB survivor are going through the downside. Naturalism also can help TRB Survivors broaden their theological perspective. TRB Survivors tended to cling to narrow theology because the narrow theology seemed to guarantee certainty, tangible wellness, and clarity while they walked through a dark tunnel where they suffered from uncertainty, vulnerability, and ambiguity. The narrow theology can be helpful for them only in limited ways because the content of the narrow theology cannot deal with a TRB survivor's needs in an exhaustive way. Thus, I proposed in my thesis that the Church should be a place where TRB survivor's all needs could be exhaustively touch on and dealt with. Mesle introduces Hartshorne's way of defining panentheism: "all of these human (and other creaturely) experiences are taken up into the unified cosmic experience that is God. Hartshorne calls this doctrine panentheism. All things are in God" (Mesle, 1993, p. 137). TRB Survivors can interact with God at the Church. In the Church, TRB Survivors could formulate the triangular relationship with the Church and God as the three agencies become harmonized. A

TRB survivor's needs are explored, revealed, and filled in that complementary relationship.

Panentheism also explains why TRB Survivors turn to God rather than to people when they are lonely. According to Panentheism, I assume that as humans are in an equal relationship with one another and God is an existence that encompasses and integrates all human experiences, people can more easily rely on and receive care from God. Actually, in the interviews, TRB Survivors said it was hard to talk with people around them, but it was a lot easier to talk freely to God as they prayed. It was painful when TRB Survivors needed people who could understand them as they stay with them, but could not find a proper person. Panentheism affirms that "there is One who does understand, accept, and love even when the world seems to have turned completely against us" (Mesle, 1993, p. 141). I believe that the God described by panentheism is the God who suffers, cries, and feels the same as the TRB survivor does. In that empathetic relationship, TRB Survivors can feel more supported and encouraged so that they can move on to reconstruct new meaning, goals, and identity for the future.

(4) God as the Poet of the World

Mesle maintains that "process theology operates on an entirely different model of power, reality, and value. Relatedness is primary" (Mesle, 1993, p. 30). In process thought, the concept of relational power unfolds across three distinct stages: 1) "the ability, the power, to be open, to be sensitive, to be in relationship with the world about us", 2) "the ability to be self-creative. It is the capacity to take in a wide range of ideas, feelings, influences, and experiences and create one's own thoughts and feelings and decisions out of them", and 3) "the ability to influence others by having first been influenced by them" (Mesle, 1993, p. 30). This primary roles of relational power between God and TRB Survivors was confirmed and validated during the

interviews with TRB Survivors. At first, TRB Survivors witnessed that their resource of self-creation was made use of. With the resource of self-creation, they could create multiple lenses through which they could understand their situations differently and chose the way they interpreted their reality in order to reconstruct new meaning and goals for their future. While TRB Survivors were vulnerable, they thought their worldview was shattered at first. However, it was more likely that they became malleable enough to intentionally reframe their ways of interacting with people and God, and they could progress as they collaborated with people and God for the good. The relatedness enabled TRB Survivors to become more open, sensitive, and accepting while they were attended and listened to. Then, the relatedness facilitated the process of leading TRB Survivors' needs, problems, and gaps to be revealed more freely. After that, TRB Survivors experienced that their needs, problems, and gaps were filled with adequate resources by the grace of God in the Church. The quality of relatedness was not coercive, so it helped TRB Survivors remain in a free space where they interpreted their situation and made plan for their future. It was possible because they gradually became more hopeful as they believed they could choose what to do freely. Through the relatedness, TRB Survivors were encouraged as they became assured that God knew and remembered their experiences.

God loves us now as God suffers with us. When a unified experience is crafted, God becomes an integral component of the relational process (Mesle, 2008). It is because “not only does every drop of becoming experience God, but God experiences every drop of becoming” (Mesle, 2008, p. 86). This idea can be rephrased as “while you and I are only partially aware of a tiny fraction of the events of this vast universe, God is fully aware of all those events in each new moment. So our knowledge is finite and partial, changing only imperfectly in response to the world, while God’s knowledge is infinite, changing perfectly in response to the world” (Mesle,

1993, p. 40). Therefore, “God also has a “consequent nature,” which is God’s infinitely complex experience of every single moment of becoming constituting the actual world - forever” (Mesle, 2008, p. 86). Whitehead characterizes God's fundamental essence and nature as novelty (or creativity), depicting creativity as “the principle of novelty” (Whitehead, 1978, p. 21). The world operates and unfolds according to God's structure and innovation, adhering appropriately to both order and novelty. Within God, an infinite realm of potential exists, some of which remains unrealized due to not yet being selected. “Every event in the world, every momentary drop of experience, begins with a two-fold experience of God and the past actual world... They also, jointly, provide each new drop of experience with the possibilities for its becoming” (Mesle, 2008, p. 85). According to Whitehead’s logic and description, I understand that God keeps the world going forward while the world is guided by novelty as God gives the world a spinning drive and opens broad spectrum of responding possibility. Whitehead would rephrase my term, a-spinning-drive as “genuine novelty” (Mesle, 2008 p. 85) in his language. The necessity arises for God to have perpetually undergone the entirety of potentialities, a state that Whitehead denoted as possibility “the primordial nature of God” (Whitehead, 1978, p. 47). Whitehead goes on to say that “he does not create the world, he saves it: or, more accurately, he is the poet of the world, with tender patience leading it by his vision of truth, beauty, and goodness” (Whitehead, 1978, p. 346). In our experience, “love means being related to and affected by those we love” (Mesle, 1993, p. 25), and process theologians believe that “these experiences are important guides to understanding divine love. God loves perfectly. So God must be the *supremely related* One, who shares fully the experience of every creature” (Mesle, 1993, pp. 25 - 26). I believe that love and the act of sharing in the experiences of every being are crucial qualities of God. Consequently, God’s attributes enable people to pray for others in Church. To be specific, the

love and the act of sharing are descended to human beings from God, which enables human beings to practice intercessory prayer. We can practice intercessory prayer because we feel compassion toward people in pain. The compassion helps us resonate with TRB Survivors, and this is possible because of God's love for us and sharing experience with us. To the question, 'why does not God prevent suffering?', "process theology answers that God wants to, but cannot. At least, God cannot do so simply by willing it. Although, as we will see later, there may be some direct role God can play, God's primary role is to draw us to be more active in preventing suffering" (Mesle, 1993, p. 20). People's experience of suffering and pain can be shared with God in a more sensitive manner through collaboration with God. The actualization and practice of God's love happen through human beings because humans possess physical bodies, whereas God does not (Mesle, 1993). This explains why all the TRB interviewees said that they believed they met "angels" during their recovery process. TRB Survivors called those helpers "angels" that God sent to them while they were going through a dark tunnel alone. They mentioned that they had no choice but to regard them as "angels" who ran God's errands for them. They said that those angels showed up to help the TRB survivor out when they desperately needed something specific in perfect timing. For example, when a TRB survivor was in need of somebody who could stay with and listen to the survivor, an angel of a person showed up for that purpose. When a TRB survivor desperately needed money and food, a person suddenly visited the survivor's house to hand over money and food. When a TRB survivor needed rides for her children, a person called her to ask what she could do for her on that day. Thus, those series of experiences were too exquisite to think of as just accidental. This also explains that the triangular relationship between the TRB survivor, the Church, and God can be supported by process theology in that regard. Whitehead's way of understanding God is different from God described

by evangelical theologians in that Whitehead sees God has no moral character (Mesle, 1993).

Despite of our suffering, God is still good “because God shares the experience of every creature - every pain, joy, hope, despair, failure, and triumph” (Mesle, 2008, p. 86). Consequently, Mesle maintains that “God is not an *impartial*, *disinterested* observer of the world but the uniquely “*omni-partial*” and totally interested participant in every relationship there is” (Mesle, 2008, pp. 86 - 87). Thus, God knows what experience or situation each of us is undergoing. In that sense, we can say God-is-love as God displays divine relational power for each being on Earth. Further, it is valid to argue that even though God cannot control the world, God can suffer with us and lead us forward to his love, by which we will learn the new possibility God shows for our suffering or crying in God. Generally, some people regard power as the ability to affect others without being affected by them. Plato claims that “everything actual exercises some power – either to affect or to be affected” (Mesle, 2008, p. 73). Across the majority of places and eras throughout our history, people “have believed that it is only the ability to affect that really counts, while the ability to be affected is largely a defect or weakness” (Mesle, 2008, p. 67).

Process-relational thinkers, such as Whitehead, share a common perspective with Plato in asserting that there is no actual being devoid of any power, Whitehead rejects the concept that maximal power entails the unilateral control of others without being impacted by external influences (Mesle, 2008). Whitehead’s idea was further developed by John B. Cobb Jr. and others so that they emphasized the contrast between coercion and persuasion (Mesle, 2008).

Most of the world works coercively, but God persuades individuals to exercise their self-agency by making choices, striving toward their objectives, and asserting their authenticity. “Whitehead referred to God as the “great companion, the fellow sufferer who understands”” (Mesle, 1993, p. 76). Thus, “of the options open to us, we sometimes choose an unlikely one, or perhaps find

unexpected options opened to us by unforeseen events. The world contains chance and freedom as well as determinism” (Mesle, 1993, p. 47). With chance and freedom, TRB Survivors could work on transforming their ways of understanding past events as they tried to revise their perspectives and relationships with people and God. As a result, from a new point of view, their past events were now “transformed by being set in a new relationship” (Mesle, 1993, p. 56) as TRB Survivors reinterpret their lived experience with different feelings. Chance and freedom also encouraged TRB Survivors to reflect on their theology and ways of living as a whole. Even though each TRB survivor’s theology tended to be conservative and each TRB survivor’s character was more likely stubborn, the each TRB survivor realized that the survivor’s theology and ways of living became reflexively changeable and the each TRB survivor was actually changing. That reflexive reframing occurred irrespective of the survivor’s will rather than TRB Survivors tried to work on the reframing work intentionally. That reframing was literally their reflexive reaction to their TRB experiences and what they underwent during their recovery process. For example, Mr. A, who had worked as a pastor in a local church, stated:

I could reframe my theology and value set the way they helped me experience God’s love and grace in a practically spiritual dimension, not through an institutionalized concept.

He added:

When I witnessed that detheologizing process occurred in me, I became nervous and anxious as I was coming out of my conservative theology frame where I had been feeling stable for a long time.

Anyway, Mr. A reframed his theology and value set as he learned the newly revealed love and grace of God in his recovery process. He became a man who could enjoy each present moment

here and now rather than trying to achieve a notable performance. He also decided to use his talents and expertise for others because he was affirmed that loving-others is the most meaningful thing he can fulfill before he dies. TRB Survivors underwent a significant transformation as they learned something that helped make sense out of what had previously been incomprehensible. Their recovery process was a journey of transitioning what did not make sense at all into what makes more sense now. During the journey, they could learn what they did not know, reconstruct new goals and meaning of life, and transform themselves. All of these were possible through God's love and grace which were persuasive, mutual, and compassionate. In that mutually caring relationship, I think God also could learn, reconstruct, and transform as TRB Survivors did.

(5) Summary

The dialogue with process theology affirmed me that process theology can help TRB Survivors interpret and understand their TRB experience and reality from different perspectives. First, the novelty of God enables a TRB survivor to stay hopeful as the TRB survivor sees his or her future becoming new as the survivor integrates past experience with what the survivor can choose to do here and now. Second, relationship is a primary factor in the TRB survivor's recovery process. People's genuine presence and listening to TRB Survivors helped TRB Survivors feel supported and encouraged as they were assured that their experiences were not trivialized or just devastating. The Church is a field where the relationship between TRB Survivors, people, and God could be tuned and harmonized. The TRB survivor's needs could be shed light on and filled with God's grace and love in an exhaustive way in the Church. Third, naturalism can lead TRB Survivors to interpret their TRB experiences from different

perspectives. The approach can help TRB Survivors break away from the way traditional theology often understands people's suffering by touching on God's providence, omnipotence, or punishment. Understanding and reflecting on TRB experience through naturalism can help TRB Survivors see what they have gone through in a more non-judgmental way. Earlier, we explained the certainty of gaining something as much as what is lost through the application of the law of conservation. By remembering and applying this principle, TRB Survivors can now interpret their experiences more optimistically and positively, fostering the possibility of embracing new hope for the future. Fourth, God, as the poet of the world, shows his love and grace to us. God's love and grace nourished TRB Survivors so that they could move on as they made use of their own self-creative resources and multiple lenses. TRB Survivors can equip themselves with more lenses through which to interpret their experiences and reality differently. God's persuasive love and grace assure TRB Survivors that God sent them angels through whom God works. In mutually caring relationships, God and TRB Survivors could nourish each other by learning, reconstructing, and transforming out of the process.

Experiencing TRB and working toward a recovery after that experience is more likely a non-linear process rather than a linear process. Literally, it does not make any sense to us. When we witness TRB and ask, "Why does TRB happen to that person?", the quest for the mystery begins. Process theology can help us understand the mystery from different perspectives, and it can leave a room through which we could arrive at a point where we can embrace this seemingly unfair world a little more gladly.

5.2 Reflection from the Perspective of Constructive Theology

(1) Reframing Christianity's Basic Doctrines for TRB Survivors

Constructive theology can encourage TRB Survivors to continue to reframe traditional doctrines the way they suit TRB Survivors' lived experience and situation more. Gordon Kaufman claims that the primary objective of theology is to constructively assemble a "Christian world-picture" (Kaufman, 2006, p. 2) suitable for a specific context, thereby enabling this world-view to better guide faith and one's way of life. Thus, the questions should be asked of TRB Survivors, "How might we construct doctrinal spaces that include such lived realities?" or "What doctrinal locus might best hold and shape the unique characteristics of this grieving?" (Jones, 2009, p. 144).

I think constructive theology is a theological method through which we seek to answer the question, 'How we can interpret and understand our situation more properly through our perspective and God's perspective now?', while process theology is a theological philosophy which helps us answer the question, 'How things are going on?'. Considering that "process" thought includes all theologies and philosophies that conceptualize becoming, event, and relatedness as fundamental categories of understanding" (Dorrien, 2006, p. 191), we see that constructive theology and process theology inevitably have overlapped area. However the two theologies are subtly different. Constructive theology recognizes the active role theologians play in shaping Christianity through discourse, rather than assuming that theology merely portrays an objective, external religious truth (Wyman, 2017b). Constructive theology is interdisciplinary and aims to contribute to the advancement of social justice objectives (Wyman, 2017b). However, process theology endeavors to articulate a framework that closely mirrors the principles of process philosophy (Wyman, 2017b).

Established in 1975 at Vanderbilt University and comprised of numerous prominent and influential progressive Christian theologians throughout its history, the Workgroup has

functioned as a central hub for the advancement of constructive theology (Wyman, 2017b). The Workgroup has served as both a nurturing ground and a disseminating platform for its fundamental methodological and thematic concepts (Wyman, 2017b). Constructive theology basically utilizes a formatted method:

- 1) In the context of a relevant extra-theological insight or world crisis, identify the theological doctrine that most clearly speaks to that insight or crisis (or both).
- 2) Analyze the history of that doctrine, identifying its fissures and shortcomings. This is sometimes considered “deconstruction,” especially by more postmodern, Derrida-influenced theologians. It could also be considered a Foucauldian genealogy or simply a history of the doctrine.
- 3) In dialogue with the relevant interdisciplinary insights and historical realities, propose redefinitions and reformulations, that is, reconstructions of that doctrine that are creatively faithful to both the doctrine and the matter at hand.
- 4) Evaluate in collaboration and dialogue and repeat. (Wyman, 2017a, pp. 167 – 168)

Constructive theology aims to maintain currently employed theology to stay connected to our lived experience. Thus, I am sure that Korean American TRB Survivors can employ this method in order to reconstruct their own theology by which they could find a new room for interpreting their TRB experience and lived experience after TRB.

Throughout the interviews and data analysis, I learned that basic traditional Christian doctrines should be refined and reconstructed in order to advocate for and accurately represent the lived experiences of TRB Survivors. Regardless of whether the survivors of TRB intended it or not, I recognized that the process of theology reconstruction had already started within them. Although there was a difference in the extent of the change, their understanding of basic

doctrines related to God, Jesus, the Bible, redemption, sin, and vocation were in the midst of undergoing self-reflection and transformation.

For example, the Christology has been one of the main themes in Christian doctrines. I could learn and observe how TRB Survivors had reframed their ways of understanding who Jesus was to them. Throughout the history, Jesus has been portrayed and described as varied characteristic beings; “the rabbi”, “the teacher of common sense”, “the liberator”, and “the man who belongs to the world” to name a few (Pelikan, 1999). That means the way we understand the character, vision, and the work of Jesus depends on the lens of people who is located in a particular context. Kwok (2000) encourages us who are located in their own time and context to find our own answer to Jesus’ question “Who do you say that I am ?” (Kwok, 2000, p. 79) from our own experience and circumstances as many Asian feminist theologians claim. Kwok (2000) maintains that during the colonial era, the depiction of the Christ figure was often filtered through a Western perspective and imposed upon colonized populations, often neglecting their unique social circumstances and failing to engage in a meaningful dialogue with their indigenous traditions. Therefore, for the colonized population, the Christ figure was interpreted by affluent, influential, and dominant men who were largely disconnected from the hardships and challenges faced by the colonized individuals. In even more troubling instances, the image of the suffering Jesus has been employed to rationalize the unjust victimization of women, compelling them to identify with the suffering of Jesus through the Church's coercion (Kwok, 2000). This unfair theological interpretation could potentially have been extended to other marginalized groups, including the Korean American TRB Survivors. A difference may exist between the image of Jesus that an institution has imposed upon individuals, leading them to unquestioningly internalize it, and the perception of Jesus that a TRB survivor believes better aligns with their

unique context. Therefore, the discrepancy requires the survivors of TRB to re-evaluate the theological validity of the institutionalized image of Jesus. Then, which portrayal of Jesus would more accurately reflect the situation of TRB Survivors and more effectively support their perspective? How can a reimagined image of Jesus be crafted to provide additional strength and motivation for TRB Survivors, helping them better cope with their suffering, willingly progress, and discover renewed meaning and purpose? Reflecting on each interviewee's way of understanding who Jesus was to them, I remembered that each TRB survivor had formulated (or is in the process of formulating) his or her own new image of Jesus. For example, Mr. A, emphasized that Jesus' new image he rediscovered was "new starter on the Cross". Mr. A said:

In our Christian life, birth and death are actually two main topics. We use the terminology "commencement" when we graduate from a school. Thus, I believe we can start really a new life through our death as Jesus revived after death. I have been familiar with that image and concept for a long time, but that image of Jesus came to me as more assuring image now.

After TRB, Ms. B saw Jesus as "widow counselor". She said:

Now I have come to realize that how poor widows are. I cannot even describe how I have endured all the pains as widow. Remember that Jesus showed his compassion especially to widows and orphans in the Bible. I wonder how could Jesus who had not even been married knew that widows' lives were that much hard. Jesus' compassion and empathy really soothed me.

Ms. D understood Jesus as "praying leader". Ms. D said:

Jesus prayed for us until his death, desiring that people be protected from evil and united as each individual fulfilled their assigned role within the community.

While TRB Survivors reshaped their interpretations of Jesus, the pastors who were interviewed generally seemed to reaffirm their existing understanding of who Jesus was to them. To be specific, for Mr. E, Jesus meant a “eternal-life-promising figure” through whom Good News could be affirmingly delivered to us. Mr. F regarded Jesus as “Savior who TRB Survivors can love so much”. Mr. F said:

As they love Jesus, their attention can shift from their emotional pains to the process of becoming Jesus’ disciples. This healing and shifting process occurs in the Church.

Throughout the healthy distraction and reaffirmation, TRB Survivors can be healed as they love Jesus and neighbors.

I could see the two groups’ (TRB Survivors and pastors) slight difference in terms of understanding who Jesus was to them. The ways in which the interviewed pastors perceived Jesus still appeared to be rooted in traditional theology, as they continued to associate Jesus with concepts like “discipleship”, “revival”, or “Savior”. Nevertheless, it is important to acknowledge that for TRB Survivors, their understanding of Jesus had undergone a transformation that more closely aligned with and mirrored the nuanced contexts and voices of TRB Survivors. This illustrates that the identity and nature of Jesus, as understood by TRB Survivors, have been reconstructed in a manner that allows the reframed image of Jesus to be more effectively linked with the lived experiences of TRB Survivors. TRB Survivors’ way of understanding Jesus became reframed as they more proactively engaged in their life context rather than just mere speculating the image of Jesus preset by institution’s parameters, which is resonating with what Kwok (2000) claims. TRB Survivors’ work of reframing and finding their answers to Jesus’ question “Who do you say that I am?” was still in process. I am sure that their ongoing

constructing attempts will help them plausibly find new hope, possibilities, and room for healing as they resharpen the image of Jesus.

Then, how have TRB Survivors reshaped their ways of understanding God so far?

Gilkey (1994) maintains:

in Western culture, dominated as it has been by the Jewish and the Christian traditions, the word or symbol “God” has generally referred to one, supreme, or holy being, the unity of ultimate reality and ultimate goodness. So conceived, God is believed to have created the entire universe, to rule over it, and to intend to bring it to its fulfillment or realization, to “save” it. (pp. 89-90)

Gilkey maintains that, after Jesus Christ’s emergence,

The presence of God, moreover, is now less in the temple and in the law as in the Spirit, dwelling in the minds and hearts of the Christian community and in their witness and hopeful expectation. Thus appears a new set of Christian symbols helping to define “God” and the divine activity; not only creation and redemption, covenant, law, and messianic promise, but now also Son/Logos, incarnation, atonement, Holy Spirit, parousia, and, as a summation of these “new” concepts, Trinity. (p. 92)

I agree with Gilkey’s argument and I believe that even now new additional concept and quality of God is being reconstructed. Specifically, it appears that the concept and essence of God are still evolving. Regarding the image of God that TRB Survivors have reconstructed, it became evident that the interviewed survivors hadn't undergone as extensive a reconstruction process as they did with the image of Jesus. During the interview, the TRB Survivors emphasized God’s attributes such as “sovereign power”, “providence”, “grace and love”, “a figure we have to obey”, “omnipotent and almighty”, or “incompatible with sin”. For example, even though Mr. A

maintained that he could make a theological shift out of his firmly conservative theology after TRB experience, he said, “I’m grateful that God was aware of all my needs and sent individuals who could provide assistance. I was able to experience God’s personalized grace and support tailored to my healing journey”. Although he mentioned that he was reconstructing his theology in the interview, the way he understood God still sounded like that of typical Korean American Christians. In the interview with Ms. B, she mentioned:

After husband passed away, I realized that my TRB experience was God’s punishment. God constantly watches over us and is aware of everything we have done. God’s nature is incompatible with sin, and this realization made it challenging for me as I reflected on my past sins. However, I now feel that God, who was once distant from me, is much closer. God is actively involved in all of my experiences through His providence. I am filled with awe for God, and I am aware of His love for me. I was born into a family with a Christian tradition that spans four generations, and I grew up attending Christian schools. I felt a strong obligation to uphold my family’s Christian faith traditions, and my connection with God has been inseparable throughout my life.

The way Ms. B understood God was still conservative and she rather clung to her pre-established image of God more firmly. Ms. C still thought of God as fatherly figure who takes care of his children. In the interview, she said:

I and husband did our best to make enough amount of money to secure our financial stability, especially for our children’s college tuition. We worked so industriously day and night for nothing. Now, I regret why we worked so hard like that in vain. We have to leave the world right away when we are called by God. Working hard is still important, but feeling grateful for the opportunity of working for God as we share what

we have and serve others is the best life that can please God...I believe God, as a father, suffered and cried with me as he tried to take care of me. I think that God wishes me to stand upright and rely on his paternal love.

Ms. C was seeing God as fatherly figure who shows his paternal love and care for her. Ms. C's bond with the Korean Christian's way of understanding God was not loosened after TRB. Ms. D emphasized her way of seeing God as whom she has to obey, who knows everything, and who loves her. In the interview, she said:

We can work for God when we obey to God and listen to God's words carefully. It is because that attitude enables us to deliver God's love and vision to others. I learned how God works after husband passed away...One day, I happened to witness a rabbit died as the rabbit slowly closed the eyes. I had known the rabbit for years and at the moment of watching the rabbit's death, I realized that God also knew all of my husband's history and pains just like I knew about the rabbit. That insight helped me become assured that God still loved me so much that even husband's death could not stop it.

Thus, I found that TRB Survivors' reframed images of Jesus were more freely differentiated and reconstructed, while the TRB Survivors' ways of understanding God were relatively static. TRB Survivors, based on their experiences and recovery journey, saw the image or nature of God as an authoritative father figure or an all-powerful supreme being. This interpretation and understanding of God were shaped by their Korean cultural background, age, gender, and other factors, allowing them to interpret and understand God in a way that resonated with their experiences. In that regard, I think TRB Survivors, as Kaufman maintains, understood the figure of God as "anthropomorphic and anthropocentric through and through", which suggests that "God's resemblance to humans is very deep: God is conceived as basically like a human agent,

although much more powerful in all respects than any human” (Kaufman, 2006, p. 14).

Remembering TRB’s ways of defining or describing other doctrines such as sin, redemption, spirituality, the Holy Spirit, or the script, I could make sure that each TRB survivor already started reconstructing Christian’s basic ideas of doctrines to some degree. It was reflexively occurring in them, rather than they intentionally tried to reconstruct those ideas of doctrines.

Then, how can the Church motivate TRB Survivors to continue to work on reconstructing those ideas of doctrines? On the contrary, if there are any, what would stop TRB Survivors from reconstructing their preset ideas of basic doctrines? I assume that Korean’s collectivism culture, tendency of respecting family and family history, and aftermath of TRB can hinder TRB Survivors from continuing to reconstruct their preset doctrinal ideas freely. First, Korean’s collective culture often forces people to follow a homogeneous norm in the group. What deviates from the norm can often be perceived as unacceptable. Consequently, TRB Survivors may find it difficult to openly question what has long been accepted as orthodox doctrine due to the fear of being labeled as heretics. TRB Survivors may harbor concerns that they could face isolation from their church or community if they were to express their doubts or divergent beliefs. Second, the influence of Confucianism poses a significant challenge for TRB Survivors when it comes to reshaping new doctrinal concepts that deviate from, or potentially contradict, the orthodox beliefs held by their Christian ancestors. For example, Ms. B’s family has been 4th-generation Christian family since her great-grandparents decided to become Christian. For Ms. B, reconstructing the ideas of doctrines does not merely mean that she now constructed new doctrinal ideas, but also signifies that she is disloyal to her Christian ancestors and she failed to inherit and maintain the family’s precious Christian traditions. That might be one of the reasons why Ms. B’s theology was very conservative and she still clung to the

theology even after TRB. Thirdly, the aftermath of TRB causes vulnerable TRB Survivors to find ways of securing safety. Thus, TRB Survivors prefer certain, clear, and familiar ideas rather than trying to find uncertain, ambiguous, and unfamiliar ideas. Fear is recognized for its potential to give rise to even the most extreme forms of fundamentalism (Bradley, 2010), and Mr. A also supported the idea by saying:

When we go through traumatic event, we are facing temptation of keeping our theology narrow and firm because that narrow and firm theology sounds so certain, and it relieves our anxiety and fear.

Engaging in the process of reconstructing work places us in a wide-open terrain characterized by uncertainty and ambiguity (Wyman, 2017a). Consequently, the aftermath of TRB gives TRB Survivors burden and pressure so that they tend to stay in theological status-quo. To sum up, These three reasons provide valuable insights to the Church on how it can support TRB Survivors in their process of reconstruction.

The Church has to consider how adequately traditional doctrines can help TRB Survivors interpret their TRB experience and their lived experiences. TRB Survivors are located in particular situations where they struggle to interpret their own mysterious experiences that do not make sense. The Church can arrange a free and open setting for TRB Survivors. In that setting, through their connection with the Church and God, TRB Survivors can foster greater honesty, allowing them to gain deeper insights into the fundamental issues within their circumstances. TRB Survivors who discover their core issues have to be encouraged to keep talking about them by the Church. Then, TRB Survivors' core issues would be shed light on by the Church and God. The Church should create an open and permissive environment that encourages TRB Survivors to explore and interpret doctrinal concepts in unique and innovative

ways. Through this process, TRB Survivors can be affirmed that they may deconstruct their ways of understanding traditional doctrines and they can reconstruct new ways of understanding doctrines in their situation. Once this process is successfully done, I think a TRB survivor's reconstructed ways of understanding doctrines can play a role of mirror that reads and shows the TRB survivor's lived experience and narratives more clearly. The TRB survivor can see his or her face reflected on the mirror. The mirror is equipped with clarity through which the TRB survivor can revise the way of interpreting TRB experience, wish the lived experience to be understood as meaningful experience, and envision a hopeful plan for the future.

(2) Exploring New Resources Available for TRB Survivors for Their Imagination Work

Based on the collected interview data and analysis, I have thought what will be emerged at the point where TRB survivor, the Church, and God intersect in the reflexive triangular relationship. After TRB happened, TRB survivor, the Church, and God kept interacting each other for the purpose of approaching to the intersecting point where each subject can find the optimized way of responding to others. What will help three of them do this work more adequately? What will be needed for them to work on this more smoothly? The ideas of Serene Jones and Edward Farley helped me reflect on this issue and sharpen my opinion about it.

Serene Jones (2009) suggests the Church to encourage people suffering from traumatic experience to find and use alternative narratives such as images, symbols, tales, stories, and practices. Jones observes the importance of being cautious and sensitive to ensure that individuals who have experienced trauma are not subjected to a retraumatizing effect caused by aspects that have been traditionally taken for granted within the Church (Jones, 2009). By utilizing these narrative resources and reconstructed doctrinal constituent, I think that TRB

Survivors are able to reinterpret their lived experiences in more comprehensive and meaningful way. Serene Jones (2009) suggests that traumatized people can utilize “imagining”, “praying”, and “interpreting” as traumatized people make use of their “agency”, “time”, “voice”, “permission”, and “vocation” properly. Jones (2009) recalls how she saw herself and people in the U.S. responded to the events of 9/11. As a traumatic response to the 9/11, after the events, she remembers that “in my own mind, and in the minds of many, this scene of violence kept replaying itself...And at the same time, we could not find the language to talk about what had happened to us. We were trapped in the silence of traumatic terror and the compulsion to relive it” (Jones, 2009, p. 30). This loss of capacity of imagining and verbalizing has been researched and confirmed by many trauma experts (van der Kolk, 2014; Herman, 2015). Thus, Jones quotes Johannes Hofer’s comment that trauma is a “disease due essentially to a disordered imagination” (Jones, 2009, p. 30). Consequently, for traumatized people, adequately reconstrued symbol and differentiated language are required since those can read traumatized people’s situation and help them speak for themselves. Jones (2009) claims that “a traumatic event reconfigures the imagination, affecting our ability to tell stories about ourselves and our world that are life giving and lead to our flourishing” (Jones, 2009, p. 20), so “theology’s task is to renarrate to us what we have yet to imagine” (Jones, 2009, p. 21). Thus, in my view, this indicates that there is a healing room for TRB Survivors to move forward by telling newly organized stories with the guidance of grace and imagination. She asserts that in our contemporary capitalist and consumerist society, the Church should exercise caution to avoid hastening traumatized individuals into prematurely evading their reality “by offering the escape of shallow pleasures, the escape of laughter born of compulsive consumption, and not by offering an honest look at the often cosmic and pleasurable indeterminacy of the human condition” (Jones, 2009, p. 35). I agree with Jones’

argument because I also think that church has to help traumatized people see through the essence and core of their lived experience by recovering their ability of imagining by utilizing proper resources. Jones (2009) urges people in the Church not to disturb traumatized people's creative imagining process by not imposing their preset faithful imagination or interpretation on them. That is why she maintains that "our task is to proclaim God's presence" (Jones, 2009, p. 39), not imposing our religious or spiritual values on people carelessly. Considering her reliving memory that "we continued to be formed anew, to be performed anew, to be picked up and made over anew, as a people who lament and give thanksgiving, who testify and are witnessed to, who sing and whose lives are sung in the fullness of psalmic, soul-gripped glory" (Jones, 2009, p. 67), we can also think highly of the space of prayer where traumatized people continue to pray. She also suggests that we can invite traumatized people to unending space as shown in the Gospel of Mark where readers become "responsible for making sure the Word is lived and proclaimed anew in our own voices, as our own story" (Jones, 2009, p. 91). Thus, TRB survivor's process of interpreting their experience and reconstruing the meaning of their reality is their created stories, and I believe their authored stories can be added to the Gospel. It is because the Gospel welcomes traumatized people, and "the Gospel message is ours to hear, ours to proclaim, and most important, ours to live, each generation in its own way" (Jones, 2009, p. 91). Consequently, if the idea of Jones is applied to TRB Survivors, I am sure that they can recover their ability of imagining and verbalizing while they are encouraged to stay in their own space where they can interpret and reconstrue their lived experience as they utilize proper resources. During that moment, we can stay with them as we proclaim God's presence and show our empathy. Then, how can we help TRB Survivors find and use adequate resources? Are resources in the Church still useful enough? For that question, Edward Farley suggests valuable ideas.

Edward Farley (1996) argues that people living in the postmodern era are exposed to circumstance where they could more easily be anxious. In the postmodern era, people live with less conventional structures and conscious frameworks as they are demanded to formulate their own ones. In that sense, Farley claims:

On the other hand, the historians and social scientists see a darker side of postmodernism. One of their themes found expression in such novelists, poets, and philosophers as Kierkegaard, Kafka, Rimbaud, T. S. Eliot, Sartre, and many others. Human life as they picture it takes place without a script. Nothing is inscribed on the consciousness that makes sense of things. And this experience of senselessness, structured into consciousness, translates into intense anxiety. (Farley, 1996, p. 11)

Farley means that the lack of common structured sense and consciousness shared by people causes people to become more anxious. On this first reason, I would add two more reasons that often make people living in the postmodern era feel more anxious. The second reason would be that, as De Botton (2005) claims, we are living in the time where we are given enormous freedom to compete with others in order to accomplish our goals which are often tied to our social status, financial stability, and power. This may look like a great opportunity, but it actually drains our energy and compels us to shape our perspectives narrow so that we often dichotomize what we do into either success or failure. The third reason is that people living in highly commercialized, institutionalized, and bureaucratized society are continuously required to prove themselves to show they are validated beings who meet the criteria and norms in varied groups. To be specific, we have to prove that we are competitive and productive candidate in a job interview. We have to keep all the traffic rules and public policies required of us. In this atmosphere, we have to stay tense in order not to be punished or disadvantaged.

Farley (1996) has thought of whether old words of power are still useful, and if not, how to rethink them. Farley (1996) claims that, in the postmodern era, words of power, which he calls “deep symbols”, became “discredited” and “disenchanted”. However, Farley (1996) maintains that the words of power are still useful resources for us. Farley (1996) asserts that we can rethink “tradition”, “reality”, “obligation”, “law”, and “hope” in the sphere of interhuman relationship. Farley suggests:

Words of power are corruptible, ambiguous, and potentially idolatrous. As enchantments and idealizations, they summon us to live from them and heed their eschatological call. As diminished and ambiguous, they also summon us to interpret, expose, and rethink them, subjecting their conceptual frameworks and their suppressed ideological elements to criticism. In other words, deep symbols must ever be reinterpreted. (Farley, 1996, p. 24)

This implies that deep symbols can be resources that we need to continuously re-define and reinterpret here and now in order to gain a deeper understanding of the mystery of God. For example, by reinterpreting tradition, Farley (1996) claims that “centering” (p. 39) enables us to attain “the recovery of origin in the sense of the situation and powers that bring forth the god-term” (p. 39) and tradition, through “sorting” (p. 40) will not be confused with “the Bible, or biblicism, with the specific casuistries and codes that a past epoch produced, or with the hegemonies of class, race, or gender” (p. 40), and, by “embodying” (p. 41) tradition, we can “think its wisdom as incarnated in the actualities of the present” (p. 41). Namely, reinterpreting and rethinking words of power means we don’t have to apply the pre-copied wisdom, meaning, or narratives to our situations. Thus, in the Church, TRB Survivors should be encouraged to become open so that they can continue to have ongoing dialogical interaction with the words of

power used in the past. We can also apply this idea of resharpener and rethinking to “obligation” (Farley, 1996). When the rethinking work is adequately done, the meaning of obligation is rediscovered so that we will realize that “what the other calls us to do is to be responsible for” (Farley, 1996, p. 49). Farley adds that “when negotiations dominate and set the tone of relation, it is a sign that obligation has atrophied. And with that atrophy come diminishments of other things in the sphere of the interhuman: empathy, affection, compassion, forgiveness, and communication” (Farley, 1996, p. 46). In this way, Farley encourages us to rethink and reconstrue the words of power anew. Through this work, Farley (1996) assures us that the desirable power of deep symbols, which have been atrophied and discredited, will be reenchanting again. It is when deep symbols regain its authentic power that the Gospel, the Christian master narrative, will play its sensible roles well (Farley, 1996). Thus, in my opinion, these ideas mean that words of power which are often represented as deep symbols are still useful tools that can help TRB Survivors understand and interpret their situation. If the words of power are rethought the way they can shed light on complex, concrete, and particular reality of TRB Survivors, TRB Survivors and people in the Church can see through the essence of TRB Survivors’ stories and experience without imposing any filters or biases. That will be the starting point of healing for TRB Survivors and their community.

Then, what will be the desirable reflective triangular relationship between TRB Survivors, the Church, and God? What should be happening in the triangular relationship? Based on interview analysis and dialogue with Jones (2009) and Farley (1996), I propose that the desirable triangular relationship is successfully formulated when TRB Survivors, the Church, and God are able to view each other’s lived experiences, roles, and authentic agency as they truly are, without any preconceived notions or biases. What TRB Survivors are going through should

not be delivered and understood through any romanticizing, doctrine-coating, or bias-imposing. When the Church approaches TRB Survivors, the Church should try to encourage TRB Survivors to speak for themselves in a free and safe space. In that process, the Church can facilitate TRB Survivors rediscover and face the core essence of their lived experience as the Church affirms TRB Survivors that they are staying with people in the Church and God. So to speak, the Church has to arrange a space where TRB Survivors and God can interact each other without any distortion that often stems from the influence of dominant narratives prevailing in society or the Church. When the intricacies of God's creativity are narrowly confined within pre-established conceptual frameworks, the interpretation and understanding of TRB Survivors' experiences can become disconnected from the actual truth of their reality. We cannot restrict God's primordial and consequent nature within a framework crafted by humans. This is because such human-constructed frameworks are frequently shaped by individuals who seize the hegemony and power within a society. For example, "in the early centuries of our era, the Church was busily engaged in connecting the Gospel to the prevailing intellectual currents of the time, thus to Stoicism and middle-Platonism" (Farley, 1996, p. 7). It is still hard to deny that the way we understand God and the Gospel has been interwoven with our current intellectual trend and dominant narratives in society. Consequently, it is when these influence of human-made prism is deconstructed that we can appreciate the immanence, creativity, and grace of God more clearly. It has been confirmed that TRB Survivors' lived experience and their emotions could not effectively be empathized with by cliché. It is because a cliché is representative product of disenchanted words of power. When God-given words of power are constructively rethought, the Church can be a space where TRB survivor's core essence of lived experience is revealed and touched by God. These work can be done by unlearning and deconstructing "pragmatically

oriented” (Farley, 1996, p. 62) understanding of God and God-given resources. During the interview with research participants, I could confirm that participants learned that they had this intrinsic wish of deconstructing through which they could see through their core essence of lived reality more clearly. For example, Mr. A talked about his progress in his spiritual practice:

I learned what it would be like to fully trust God who guides my life. My spirituality changed from institutionalized conceptual spirituality into personally embodied spirituality. That was such an extraordinary change made.

This change naturally occurred in him rather than he intended to make the change. Mr. A learned that his lived experiences were read and understood abstractedly through institutionalized spirituality, but embodied spirituality helped him appreciate the immanent love and grace of God more clearly. A pastor, Ms. G, acknowledged that the TRB survivor she was taking care of had been disappointed and hurt in the Church. It was because the TRB survivor was deprived of the opportunity of interpreting her lived experience in her own way after TRB. People in the Church insensitively intruded the TRB survivor’s space by prioritizing their interpretation. Thus, Ms. G decided to empower the TRB survivor to speak for her freely as the TRB survivor recovered her voice and the ownership of her lived experience. Ms. G said:

I just listened to the TRB survivor as I encouraged her to say whatever in her mind without repressing her emotions. I told her to cry if she wanted to, to express her sad feeling if she was sad, and to miss ex-husband if she missed him. Some people in Church told her that she did not need to grieve in sorrow because he was already in the heaven. After TRB survivor became a widow, she just wanted to share her emotions and thoughts with people. Nevertheless, some individuals advised her to cease her tears, which left her feeling disheartened as she sensed that she and those around her were not

on the same wavelength.

This shows that even though we do not intend to, TRB Survivors can be hurt and disturbed when they try to interpret their lived experience for themselves.

By deconstructing and unlearning the human-made prism, TRB Survivors expect their lived experience would be more clearly understood, and the Church can recover its authentic role of exploring and using God-given resources. This means that TRB Survivors and the Church can be better understood and revealed without the influence of distorting factors, leading to a reduction in mutual misunderstandings and a clearer view of each other. In that sense, I think God would wish God's primordial and consequent nature to be delivered to TRB Survivors and the Church with least distortion or misunderstanding. The one of the best ways of consoling God will be appreciating God's creative love and glory without projecting human-made desires on them.

When TRB Survivors, the Church, and God are understood with least distortion, the three subjects can interact at the intersecting point in the triangular relationship. In the intersecting point, the three subjects can look at and show others' faces each other. The faces are revealing their vulnerability and hurt. All of them are aware that they are hurt. When each of them look at others' faces, each subject can see vulnerability and hurt mirrored on others' faces. By doing so, the three subjects can cultivate greater compassion, and the vulnerable pain and hurt they have held will be filled with the love each subject generates and circulates. That will be what we can call the beginning of healing.

(3) Reclaiming a New Gospel of Hope for TRB Survivors

What can be cultivated or created in the triangular relationship between TRB survivor, the Church, and God? What has been missed or neglected while TRB survivor, the Church, and God collaborate to help and support each other better? Two TRB Survivors interviewees left the Churches they attended, and another TRB survivor interviewee said that she seriously considered leaving the Church. Each of them had their own unique reasons, but some common factors contributed to their decision to leave the Church. The first common reason is that the TRB Survivors were hurt and disappointed by the way they were treated by the Churches they attended. Even though TRB Survivors knew that pastors and other laity member were too busy to take care of them more, they wished they could be treated with more kindness, empathy, and encouragement. What TRB Survivors wished was not quantity-wise care, but more likely quality-wise care focused on their situations. For example, Ms. D said that she was torn between the choices she could make about whether she would continue to attend the Church or leave the Church. It was because she felt painful emotions as she attended the Church alone where her ex-husband did not minister anymore. Ms. D wanted to be understood and encouraged with empathy in the Church. However, she was disappointed by the way a pastor responded to her when she was talking to him about her experience and related emotions. Ms. D remembered the pastor did not attentively listen to her, and he did not display enough empathy or offer supportive gestures. The second common reason was that the TRB Survivors sought a new environment where they could gain a deeper understanding of their lived experiences and situations. TRB Survivors were discouraged by people's clichés that trivialized the particularity and severity of TRB survivor's lived experience. All of the interviewed TRB Survivors mentioned how much they were frustrated with people's clichés. People's clichés did not work for the TRB Survivors at all, but rather hurt them. The TRB Survivors also felt that they were subtly pressured by theological

narrowness and rigidity in the Church. The narrowness and inflexibility of the Church implicitly confined the TRB Survivors' thinking and comprehension of their experiences within pre-established theological boundaries. The four interviewed pastors displayed this implicit theological narrowness and rigidity during the interviews. For example, I asked them how flexibly they could understand and encourage TRB Survivors when the TRB Survivors tried to build up their own theology and reframe the way they understand God. Even though all of the interviewed pastors said, "I will respect their theological reframing and rebuilding", they subtly expressed their concern about TRB Survivors' possible theological derailment. The interviewed pastors implicitly showed that they held their rigid theological safety zone which they did not want the TRB Survivors to come out of. To be specific, Mr. F stated that, if he encountered a TRB survivor who was rebuilding his or her theology that looked very radical to Mr. F, he would pray to God like this:

God, please assist that individual and provide the person with guidance to maintain a positive course of action as the person continues to listen to you and accepts you as the person's Savior. Keep the person stay in the safe track so that the person would not be derailed.

This theological narrowness and rigidness made the TRB Survivors feel that they themselves and their stories were insulated for the lack of new opportunity to interpret their lived experience and to reframe their theology.

The third common reason is that they experienced shame regarding their situation and felt like outsiders within the Church community. In the Church, Conventional interpretations of doctrines and traditional theological discourse have predominantly held sway, largely influenced by Korean collectivist culture. As a result, an invisible standard has been formed, to which

Korean American Christians often conform in order to be perceived as a good Christian. To be specific, when TRB Survivors find themselves suffering with chronic emotional pains, being maladaptive to mundane life, or having an incongruence between how good Christian is believed to behave and how he or she actually behaves, the TRB Survivors inevitably come to feel ashamed. For example, Ms. C mentioned:

As the leader of a cell group in the Church, it was hard to share my emotions and daily struggles with other people. Although I could say, express, and share any kinds of issues I struggled with to God, I could not do so with people for the fear of people's spreading rumors about me. I was afraid that my stories could be misinformed and spread in the Church. As the leader of a cell group, I thought that my responsibility and duty were taking care of others I had decided to serve. Thus, I was feeling a little bit ashamed of showing my emotions and vulnerability to others.

TRB Survivors have tried to live up to the ideal Christian norms even when they were in the midst of going through challenging situations. In general, when we think we fail to fulfill what we believe ideally, we can internalize negative feelings such as shame. Kaufman introduces the way Piers and Singer conceptualized shame as "arising from tension between ego and ego ideal" (Kaufman, 2013, p. 9). Shame often makes a person have a tendency of displaying the symptoms of habitual narcissistic disorders (Morrison, 1989). Shame is a powerful psychological character we can accumulate without our notice of it. TRB survivor's shame can be molded with their traumatic experience as well. People's unanswerable situation or reality they experience could tie into their internalized toxic shame (Nathanson, 1987). Namely, TRB Survivors' vulnerability often leads them to be exposed to circumstances where they can build up shame in their minds more easily.

Considering these elements TRB Survivors struggle with after their TRB experience, I have to ask, “How can the Church help TRB Survivors as the Church collaborates with the TRB Survivors?” After reviewing the three common reasons by which TRB Survivors left the Churches they attended, I propose that the Church should utilize the power of Gospel as the Church reconsiders the way how the Church can encourage TRB Survivors to transform their pains into hope. The Christian Gospel is often interpreted as a message of salvation through Jesus, and its relevance is affirmed in connection with the specific cultural, political, and personal contexts in which the message is delivered (Farley, 2003). Farley maintains that The Gospel represents the enigmatic divine work of salvation that remains beyond our complete understanding or control, as it encompasses its prophetic dimension, challenging established norms, revealing both systemic injustice and individual complicity, while simultaneously unveiling pathways to redemption (Farley, 2003). Thus, the Gospel is not just a record of the crucified and resurrected Jesus, but the ongoing narrative that reveals the mystery of how God, the Church, and people are in a reciprocal relationship in the present moment. Farley (2003) maintains that our present situations should be reinterpreted by the facilitation of the Church community, by which the beauty, poetry, and mystery of our complex situations can be newly discovered. Consequently, the Church has to encourage TRB Survivors to shift their theological perspective from a narrow and rigid perspective to a broadly opened perspective. For example, the Church can assist in reinterpreting theological notions that suggest living virtuously leads to blessings, while living otherwise may result in the absence of blessings. Another example is taking Jesus' command to spread the Gospel in the Scriptures and not only expanding it externally by going out for missionary work, but also internalizing it to strengthen relationships within the Church community. This can help bind the bonds among people in the Church and

extend inwards towards an individual's physical, mental, and emotional wellbeing, encouraging an effort to understand and address these aspects. From the interview with TRB Survivors, I could confirm that a “theory-to-practice paradigm” (Farley, 2003, p. 36) still poses the problem of applying the pre-interpreted texts to TRB Survivors’ situations as the paradigm suppresses the particular situationality and creative responses of TRB Survivors. Gospel is still being additionally authored at the juncture where TRB Survivors, the Church, and God intersect to reinterpret TRB experience creatively and to seek new redemptive possibilities. This will arrange a new room where the Church can facilitate TRB Survivors’ new theological reframing and interpretation. The theological reframing and interpretation are comprised of three components; Firstly, it involves comprehending the content of the memorial tradition. Secondly, it entails wrestling with the authenticity of this truth. And thirdly, it encompasses contemplating real-life circumstances in the context of this truth (Farley, 2003). To ensure that this work goes beyond theoretical reflection, TRB Survivors need to engage in ongoing and mutually beneficial dialogues with the Church and other relevant institutions such as counseling centers, mental health professionals, theological schools, and more. As TRB Survivors are affirmed that they are encouraged to reinterpret and reconstrue Gospel in their own situations, TRB Survivors can overcome the preset theological narrowness and rigid boundary of their embedded theology, and, further, break idolatries and absolutisms. With that breakthrough, TRB Survivors become able to discover the newly embodied God’s love revealed through Gospel, the Good News.

The interviewed TRB Survivors also mentioned that they sometimes felt uncomfortable with the ways pastors and people in the Church tried to take care of them. The TRB Survivors felt they did not belong to the Church as they were not understood, nor empathized with. The lack of empathetic understanding, kindness, and encouragement limited TRB Survivors’

expressing a full range of emotions or thoughts. For example, TRB Survivors who had grieved for a long time often felt they were isolated in the Church. The TRB Survivors observed people worshipping God, but felt that the typical phrase of “Be joyful because God is good” often proclaimed in the Church, was not relevant to their situation and did not provide relief or delight. It was painful for the TRB Survivors when they heard some individuals analyzing the causes and effects of their TRB as if there were justifiable reasons that caused TRB to happen. So to speak, TRB Survivors often felt they were not allowed to feel, think, or speak freely. Jason Whitehead (2013) maintains that our fear is a complex emotion which is interwoven with hope, and our reflection on this interrelated fear and hope enables us to move from merely surviving to thriving as we are reconnected to the goodness of our life. Hope can be revealed and rediscovered in the complexity of our emotions as we keep talking about and interpreting our fear from varied perspectives. Thus, Whitehead (2013) suggests that we can help traumatized people suffering from fear interpret the fear in its complexity, and interpreting process can be facilitated as we make use of empathy, education, and encouragement. “Empathy creates a relationship; education prepares people for the reality of fear; encouragement reminds people of the possibilities of God’s presence through the ways we resist and are resilient” (Whitehead, 2013, p. 107). This idea can give the Korean American Church a helpful insight as to reshaping the way the Church helps TRB Survivors interpret their lived experience and author their stories. As TRB Survivors learn that the entire range of our emotions helps them become more adaptive, TRB Survivors can realize that our emotions, even negative-looking emotions, can be redemptive. For example, in that sense, Whitehead mentions that “Yet, fear is also adaptive. It helps us survive and cope. Ultimately, it is redemptive in its ability to draw out of us our greatest hopes” (Whitehead, 2013, p. 108). TRB Survivors have internalized shame as they feel their symptoms

and situation are not fit to the homogeneously engulfing Christian norm. This norm tends to categorize people's experiences and emotions into specific, labeled categories. Consequently, TRB Survivors sometimes felt that they were alienated as their negative emotions, such as fear, sadness, and anger, disturbed people in the Church, and TRB Survivors struggle to recover and maintain the sense of solidarity. As Whitehead (2013) maintains, TRB Survivors' fear should be understood as God's gift which paves a hopeful future way for them. I think we can apply this idea to other kinds of emotions, too. For example, we can take a non-judgmental posture toward TRB Survivors' anger, sadness, powerless, depression, or anxiety while we stay with them. Scheff & Retzinger (2001) maintain that attunement and pride enable people to fulfill high levels of cooperation through effective communication, while alienation and shame can cause dysfunctional patterns of communication that might lead them to face destructive conflict. Scheff and Retzinger's idea affirm that the Church that values the unique gifts, characteristics, and life experiences of all its members, fostering an environment of mutual respect, is highly desirable for cultivating a spirit of cooperation. In this church environment, TRB Survivors will have the chance to discover a new purposeful calling as they can form new perspectives in their minds. Kaufman maintains that "psychotherapy must aim toward reowning disowned parts of the self" and people struggling with shame "can be comforted and grown up through imagery" (Kaufman, 2013, p. 203). As TRB Survivors broaden their perspectives through proactive reconnection with their narratives and new identities within the Church community, their shame can also be transformed into a valuable resource.

One of the Church's central tasks is playing the role of the prophetic and linguistic critique (Farley, 2003). Hence, we can deduce that the interpretation of the circumstances faced by TRB Survivors remains an ongoing aspect of their faith journey. People in the Church can

support TRB Survivors as people show kindness, empathy, and encouragement while they affirm TRB Survivors that TRB Survivors' lived experience and relevant emotions can be understood in the way Jason Whitehead suggests. Whitehead addresses that "the redemption of fear as a meaningful emotional state for Christian life and faith rests on our ability to understand it as useful, adaptive, God-given, and ultimately a fulfillment of God's aims in certain situations" (Whitehead, 2013, p. 96). Throughout this constructive work, TRB Survivors are expected to move forward to a space where their lived experiences and emotions are shed light on by God. The light of guidance provided will enable survivors of TRB to evaluate the extent to which their lived experiences and emotions have been accurately understood through narrow and rigid theological perspectives. Then, TRB Survivors can reframe a new way of claiming redemptive possibility available here and now, which they can call Gospel of hope, a Good News, delivered to them.

5.3 Reflection from the Perspective of Narrative Psychotherapy

(1) Considering Setting Up a Helpful Boundary

Following their experience of TRB, survivors started to comprehend the events by integrating their personal experiences with the narratives they have internalized. All of the interviewed TRB Survivors said they stayed at home without meeting anybody for months right after they went through TRB. The survivors of the TRB allocated themselves both time and space, and these factors contributed to the creation of an environment that served not only for their physical recovery but also for their ongoing exploration of the mystery surrounding the TRB experience. The recovery process began for TRB Survivors while they remained in isolation at home because during this time, they recognized that their fatigued bodies, intricate

emotions, and tangled cognitive assumptions were all gradually moving towards a phase of healing. What prompted this recovery to occur among the TRB Survivors while they were in self-imposed solitude? I believe it was a healthy boundary secured that helped the TRB Survivors recover out of devastating symptoms they suffered from. While TRB Survivors had to experience extremely severe mental stress, emotional pain, physical burnout, and related somatic symptoms, they felt uncomfortable with the lack of their own secured space and time. People frequently approached the TRB Survivors without giving adequate consideration to their actual needs. People often approached the survivors repeatedly, bombarding them with questions and contact attempts. As these interactions persisted, the TRB Survivors began to feel that their personal boundaries were being violated. This underscores the importance of establishing and respecting boundaries as a crucial component of the recovery process for TRB Survivors. In this context, employing narrative pastoral care could be a beneficial approach for people to consider. Narrative pastoral care assumes that we tell stories as we assign the meaning to life events through stories (Scheib, 2016). Scheib maintains:

We do not experience our lives as a collection of “naked facts or strings of raw events,” but rather as stories. We are “hermeneutical beings,” that is, we continually interpret our experience to make meaning out of the vast barrage of sensory perceptions, emotions, and thoughts coursing through our minds every moment. (Scheib, 2016, p. 16)

In that sense, TRB Survivors are people who continue to interpret their experiences in order to find or make meanings out of their stories. Narrative pastoral care can help TRB Survivors by setting healthy boundaries in their situations.

First, narrative pastoral care can help rebalance TRB survivor’s agency and communion.

Scheib (2016) introduced the concept of agency and communion, as defined by McAdams and his colleagues, which they considered to be the fundamental motives intertwined within the narratives' plots and themes. According to them, agency is defined as “a broad tendency to expand, assert, defend, control, or express the self”, and communion is defined as “the broad tendency to connect the self to others, even to the point of giving up self for the benefit of others” (Scheib, 2016, p. 22). Usually, either agency or communion is more developed and dominant than the other. Consequently, rebalancing agency and communion is required for TRB Survivors to reframe their lived narratives because agency and communion play critical role in helping TRB Survivors to reframe their narratives as they secure their own authorship. During interviews with Korean American TRB Survivors, it became evident that they placed greater emphasis on fostering communion by caring for others, increasing their commitment to church activities, and seeking a sense of belonging. Following the TRB experience, they exhibited vulnerability in various aspects of their lives, and this vulnerability also limited their ability to assert themselves as much as they would have liked. If the ideas of Scheib (2016) are applied to TRB Survivors' cases, I believe that narrative pastoral care can help TRB Survivors develop their agency, and the agency would support the TRB survivor to set up a secure boundary. This improved agency and secured boundary will assist TRB Survivors in working on therapeutic process. Scheib also adds that “Additional tasks of narrative therapy include deconstructing damaging cultural narratives that contribute to the problem narrative, identifying unstoried or understoried parts of a person’s life, and assisting in the reconstruction of a more complex, coherent, multistoried, life-giving narrative” (Scheib, 2016, p. 25). Therefore, through narrative pastoral care, TRB Survivors can secure their boundaries, regain their agency within those

boundaries, and express their own stories in a more free and creative manner, without being confined by the dominant narrative. Such efforts will aid in their effective recovery.

Second, narrative pastoral care would help TRB Survivors create inner boundaries by externalizing their lived experiences. TRB Survivors often felt negative emotions as they internalize self-defeating thoughts. As TRB experiences were deeply internalized, TRB Survivors' emotions and psyches were overly attached to those TRB experiences. This process could cause survivors of TRB to feel excessively accountable for the TRB experiences they went through. It can also prompt TRB Survivors to scrutinize their life experiences by establishing a connection between the TRB incident and how they attribute responsibility to it. The excessive internalization of TRB experiences can also make TRB Survivors continue to feel burdened with the sense of obligation that TRB Survivors think they ought to take. These can all be considered as unfavorable reactions that frequently prompt TRB Survivors to interpret their lived experiences in a limited and harsh manner, rather than in a broad and self-compassionate way. The distortion can stem from TRB Survivors' internalizing the TRB experience. When individuals who have experienced TRB internalize these encounters to a significant extent, their inner world can become excessively intertwined with their TRB experiences. In other words, the line separating the TRB survivor's inner world from their TRB experiences may become blurred or enmeshed. That is why healthy boundary between TRB Survivors and their lived experiences are needed.

Narrative psychotherapy, as a postmodern therapy, of which important practice is “distinguishing between the person and the problem” (Scheib, 2016, p. 24). An individual grappling with a problem can narrate their experiences in a distinct manner when they create some distance between themselves and the problem “by naming the problem and telling its

story” (Scheib, 2016, p. 133) This process is called “externalization” (Scheib, 2016; Freedman & Combs, 1996) and the externalization process can help a person separate the person from a problem by naming the problem. “A principal goal of narrative therapy is the “deconstruction” of problem stories and in their place, identifying alternative story strands, then thickening and strengthening this “alternative” story into one that is more functional and life-giving” (Scheib, 2016, p. 24). Throughout this process, a person can author a story that interprets and understands the person’s reality in a more preferred way (Freedman & Combs, 1996). A therapist can empower an individual to determine their own approach to comprehending a problem and establishing a current, constructive connection with it (Scheib, 2016). Thus, if we employ the externalization approach, We can assist TRB Survivors in disentangling their problems from their personal identity. Consequently, the self-worth, self-esteem, or sense of self of TRB Survivors would remain intact, unaffected by their challenges, as they differentiate themselves from those challenges. The boundary can create a space by which TRB survivor can interpret the survivor’s lived experience his or her own way as the survivor stays non-judgmental toward the lived experience.

Third, narrative therapy would help TRB Survivors set up a boundary with other people. As the boundary between TRB Survivors’ experiences and their inner world can function beneficially to TRB Survivors, TRB Survivors also need to set up a boundary with other people as well. Considering the influence of collectivism in Korean community, a TRB survivor’s vulnerability, and possible power dynamics of hierarchy, a healthy boundary between Korean TRB Survivors and other people should be secured for TRB Survivors to be protected. Even though people in the Church tried to be careful, it was discovered that their well-intended comments or actions sometimes had unintended negative consequences. That is why all

interviewed TRB Survivors stated that they really needed time and space for them to stay alone without any interruption. For example, Ms. G shared what a TRB survivor woman she took care of said:

After the TRB experience, I received a lot of phone calls and interactions from members of the Church. I just wanted some alone time to organize my ex-husband's belongings and relax. However, a senior pastor's wife called me frequently and she said that I had to participate in all of the prayer's meeting and worship service in order to recover from my TRB experience. I was disappointed by her thoughtless and imposing remarks, as she appeared to have no understanding of my current situation. It felt like my unique experiences and struggles were completely disregarded.

This shows how important it is for TRB Survivors to keep healthy boundary from others. As TRB Survivors are still very vulnerable, sensitive response and care is required for people in the Church. In the spiritual care setting, a boundary should be also considered.

(2) Stories Being Authored Here and Now

During my interviews with the TRB Survivors, I was struck by how each of them grappled with deriving personal significance from their lived experiences. Despite the fact that some of them were unaware of this ongoing journey, they were gradually progressing day by day. What helped them move forward as they explored their own meanings and new interpretations out of their lived experiences? I think that the process of the TRB Survivors' finding and sharpening up their narrative helped them move forward. The TRB Survivors' narratives they held before TRB occurred were not as much helpful as the new narratives the TRB Survivors had sharpened up after they underwent TRB experiences. It's as if TRB

Survivors were wearing ill-fitting clothes, but now they have found new attire that fits them much better.

First of all, this process implies that TRB Survivors should be encouraged to reflect on and sharpen their narratives. According to Coyle, the practice of pastoral diagnosing has the potential to undermine the presence and influence of a benevolent, living God who offers care and companionship to TRB Survivors as they navigate their path from suffering to hope (Coyle, 2014). I agree with Coyle's that idea, so I believe that TRB Survivors' lived experiences cannot be interpreted, nor understood through pastoral diagnosing well enough. Namely, TRB Survivors' lived experiences have to be understood in a new open space. Coyle (2014) introduces Charles Scalise's argument that "narrative provides a natural connection for linking an individual's story with the master stories of the Christian faith" and "narrative offers a venue for including others in reflections on faith as individuals share their stories with others" (Coyle, 2014, p. 3). There are gaps between what TRB Survivors learned at home, school, the Church, or other institutions in the past and what TRB Survivors learns from their lived experiences now. Hence, it is through the narratives of TRB Survivors that these gaps can be bridged, as these narratives enable them to connect their personal stories with the overarching narratives of the Christian faith. Within the Church, narratives serve as a means of creating a welcoming space for others, allowing people to engage in storytelling and mutual sharing. This fosters an environment where individuals communicate with one another, speaking through one another rather than merely addressing an audience (Coyle, 2014). Coyle (2014) also claims:

Blending the distinctions of a narrowly focused narrative methodology accomplishes a few tasks that enrich pastoral care and ministry and their effects on congregants and community members. It invites multiple voices to be present when collaborating. It

lessens the oppression of the so-called normative “right” way to do things in church. It understands that adding complexity rather than oversimplifying a problem is more generative. (Coyle, 2014, p. 10)

Narrative methodology also encourages us to employ an interdisciplinary approach (Coyle 2014), which can help TRB Survivors understand their narratives more comprehensively. Coyle quotes her own writing that “spirituality in a Christian context is thus defined here as “that meaning from life that encompasses an experience bigger than self and relationships sparked by connecting with God through Jesus Christ as co-creator of story and the Spirit as sustainer of story”” (Coyle, 2014, p. 13). The more TRB Survivors are attended to, listened to, and encouraged, the better they can reframe their spiritual narrative. TRB Survivors are often interacting with people as they share spiritual narratives in the Church. Coyle argues that “spiritual narratives do not listen to normative stories for what they should be. They listen to lost stories that may offer rich guides for hopes and dreams of the future” (Coyle, 2014, p. 14). Consequently, we should admit that TRB Survivors are the best experts who know their life experience, themselves, and their relationship with God most. That means they are the authorized persons who can reflect on their narratives such as spiritual narratives, theological narratives, and other kinds of narratives to decide how to author their stories. As TRB Survivors become aware of the disconnect between their received narratives and lived experiences, they begin constructing more optimized narratives in order to make sense of their experiences from a previously buried perspective.

Second, connection and relationship with people in the Church can encourage TRB Survivors to author their stories as they reframe their narratives. When TRB Survivors find themselves in vulnerable, sensitive, and powerless situations, they require ongoing support from

those who are caring for them. What are the essential needs of TRB Survivors that caregivers should address? Coyle reaffirms that “the minister must convey spiritual strength and compassion in order to merit the trust of careseekers” (Coyle, 2014, p. 37). Hence, Coyle’s concept prompts me to consider that it’s not only pastors but also individuals within the Church community who should demonstrate their spiritual connection and empathy towards TRB Survivors. When people express compassion or empathy, they should do so thoughtfully, as it entails respecting the perspectives and boundaries of TRB Survivors. It can be common for people to confuse empathy with sympathy, even though they are distinct concepts. People showing sympathy might trivialize TRB Survivors’ lived experience as they intrude the boundary carelessly. Sympathetic people can approach TRB Survivors as if they already know TRB Survivors’ feelings, experiences, and thoughts well enough. Coyle argues that “the purpose of the pastor as storyteller is to unfold, link, thicken, and twist the story in the context of God’s story. Key to this process is the pastor’s ability to help believers develop story language and story discernment” (Coyle, 2014, p. 36). Therefore, in narrative psychotherapy settings, empathetic caregivers should be encouraged to help TRB Survivors explore and develop resources with which TRB Survivors can author their own stories freely. TRB Survivors are struggling to make meanings out of their stories, to find a new vocation that can connect their experience to newly reframed narrative, and to look forward to the promised hope of future. If pastors and people in church stay with TRB Survivors as they show their caring presence, TRB Survivors would be encouraged to create richer narratives and more complex stories.

Third, TRB Survivors can continue to author their stories by staying connected with traditional ecclesial resources. Coyle maintains:

Large metanarratives espousing values and providing stability, I maintain, do not largely

exist in our culture. At the same time, important values of belief in God still inform our lives. These beliefs vary from person to person. Believers struggle to find some linkage to Scripture, Christian tradition, and the contemporary church that connects to their everyday experiences. (Coyle, 2014, p. 17)

Therefore, I infer that TRB Survivors face challenges in seeking fresh meaning and comprehension from their lived experiences as they attempt to establish connections between their experiences and Christian resources. Traditional resources must be understood and interpreted anew here and now. Namely, regardless of time or space, traditional resources and TRB survivor's narratives and stories are reading each other as they keep interacting. Coyle argues:

Spiritual narratives do not listen to normative stories for what they should be. They listen to lost stories that may offer rich guides for hopes and dreams of the future.

Spiritual narratives are not fixed in the past, hoping that all pain and disappointment will be worked through. Spiritual narratives live in the present, honor the past as teacher, and look forward to the promise of the future. (Coyle, 2014, p. 14)

That is why Hays (2014) maintains that “the Gospels teach us how to read the OT, and – at the same time – the OT teaches us how to read the Gospels” (p. 4). It is possible because there is resonance between the stories in the OT and the Gospels. To enable TRB Survivors to continue intertwining their narrative stories with traditional resources, they require power, hope, and courage. The sustenance and enhancement of these three elements can be achieved through the assistance of facilitation-work. By facilitation-work, I refer to the work of facilitating processes that are based on the core principles of the narrative care approach. To be specific, “externalization”, “re-authoring or re-storying”, “ceremonial definitions”, “re-membling”,

“scaffolding”, and “absent but implicit” (Coyle, 2014, pp. 22-23) are typical methods used in narrative care settings. To be specific, by utilizing externalization, we can help TRB Survivors separate the problems they face from themselves as they realize they themselves are not the problems. “Re-membering conversations are founded on the idea that identity is formed through relationships with others rather than through a core self. In re-membering conversations, people have the choice of deciding whose voices will be influential in their lives” (Coyle, 2014, p. 26). The initial step for a minister engaging in spiritual care involves forming a connection with the individual seeking care, fostering an environment where open dialogue can occur within a shared space (Coyle, 2014). Then, “this role of the minister fits with the narrative position of the therapist as de-centered and influential” (M. White, 2005, as cited in Coyle, 2014, p. 34). By identifying which narratives have hindered the spiritual journey of TRB Survivors, individuals can take on the role of spiritual companions. Then, TRB Survivors can participate in a free dialogue with traditional resources, people in church, and God. With secured power, hope, and courage, TRB Survivors can understand and interpret what they realized anew. As the Old Testament and the Gospels engage with each other in a fresh and renewed manner (Hays, 2014), I think that TRB Survivors’ experiences are also resonating with the traditional ecclesial resources here and now. If we apply Hays’ ideas to TRB Survivors’ care setting in the Church, I firmly believe that we can reframe our understanding of ecclesial resources as we actively engage in the life of the community where new opportunities, hope, and imaginative possibilities emerge. Then, TRB Survivors can revise the way they interpreted their past, become more empowered to see the complexity and thickness of their lived experiences and envision hopeful future. In that vein, I think that it is the reason why Job, after he went through his spiritual journey of suffering, said, “My ears had heard of you but now my eyes have seen you” (Job 42:5,

NIV).

5.4 My Theological Ideas

Through my research efforts and the analysis of the data I have collected, as well as discussions based on the concepts of Process Theology, Constructive Theology, and Narrative Psychotherapy by certain authors, I have grown more convinced of new theological ideas as a theologian. Firstly, one idea is that God without a physical form and human beings with physical bodies come together in the context of God, the Church, and human relationships. God without a physical form sends individuals who serve as angels to embody His grace and love to those in distress. In other words, God actively manifests His grace and love through people within the web of relationships. God oversees and manages this relationship, comforting those going through difficulties. In the Church, when people in distress and other people come together to pray, praise, or conduct rituals like funerals, they experience harmony. This harmony allows God's spirituality and people's spirituality to converge and interact, making it possible. Secondly, God brings about a new order through disorder. As an example, TRB Survivors undergo a challenging process that changes the way they understand their experiences and the world, broadening their perspectives. As a result, they find new meaning in life and can establish new goals and missions. Similarly, the Church, after an individual's TRB experience, realizes its shortcomings in the renewed relationship with the TRB survivor and God, prompting improvements and filling in the gaps. Just as TRB Survivors and the Church may face difficulties, God also suffers and struggles alongside them. However, when TRB Survivors and the Church work together to overcome these challenges and move forward, God finds new possibilities, comfort, and healing. Thirdly, by resolving misunderstandings and discovering and

constructing new truths, TRB Survivors, the Church, and God can build mutual understanding, encouragement, and faith. Healing begins when they realize the reasons and foundations for mutual understanding, encouragement, and faith, as opposed to misunderstandings. This process is not about one party starting first but about the three subjects collaborating and resonating together to create a positive healing spiral. In this process, TRB Survivors, the Church, and God develop in various aspects, which can also be described as growth.

5.5 Summary and Conclusion

The dialogue with process theology, constructive theology, and narrative psychotherapy encouraged me to broaden the ways I could reflect on the acquired data and the data analysis. The dialogue also helped me search for insightful answers to my research questions.

Firstly, process theology can be an alternative theological resource to TRB Survivors who struggle to make sense of their TRB experiences from a new perspective. Process theology can affirm TRB Survivors that they can start a new day as they envision a hopeful future created through God's novelty and love everyday. TRB Survivors can come to realize that their journey towards recovery progresses as they advance alongside both people and God within the interconnected web of relationships. In the relational web, TRB Survivors can also reinterpret their TRB experiences through naturalism's ideas that help TRB Survivors take a non-judgmental attitude toward their TRB experiences. God's love and grace empower TRB Survivors to progress as they utilize a wider range of perspectives and personal resources.

Secondly, TRB Survivors may come to realize that their "lived theology" (Doehring, 2015) would at some point may not accurately reflect or effectively articulate their lived experiences. Thus, it is essential for TRB Survivors to reconsider how valid and effective their

lived theology has been. The work of reconstruing and constructing their theology had already been progressing in the interviewed TRB Survivors' lives. The Church should keep encouraging TRB Survivors to continue to reconstruct their theology. We can stay with TRB Survivors as we motivate them to find and utilize new resources for their reconstructing work. TRB Survivors can rethink the "deep symbols" (Farley, 1996) so that the deep symbols can function as enchanted words that read the actualities of their lived experiences. TRB Survivors have to reinterpret deep symbols in ways that help the TRB Survivors' redemptive recovery become realized here and now. Pastors and people in the Church should encourage TRB Survivors to broaden their theological spectrum and construct the optimized theology that speaks for the TRB Survivors. As we stay with TRB Survivors to understand the complexity of the TRB Survivors' lived experiences, we can witness how the TRB Survivors' redemptive hope is drawn out of pain (Whitehead, 2013).

Thirdly, narrative psychotherapy are proper resources that enable TRB Survivors to continue to author their stories as their boundaries and agency are respected. Narrative psychotherapy can help TRB Survivors set up a healthy boundary in either intrapersonal or interpersonal relationships. We can encourage TRB Survivors to keep authoring their meaningful stories as we can inform them of related interdisciplinary resources.

As we have seen, TRB Survivors' viewing and interpreting their lived experience through process theology, constructive theology, and narrative psychotherapy are beneficial in many way. However, I wonder how many pastors, laity members, and TRB Survivors have had an opportunity of learning or even hearing of these resources? What factors might have prevented them from pursuing ongoing theological education? Additionally, how can we realistically harness these resources to benefit the spiritual wellbeing of Korean American TRB

Survivors? My inquiry isn't about doubting the effectiveness of using these resources in a Korean American church context for TRB Survivors, but rather, it's about finding more thoughtful ways to utilize them for this specific group. Applying these concepts directly to Korean American TRB Survivors can be challenging, as they may seem overly abstract or impractical for lay members. To bridge this gap and create a more tailored approach that meets the unique spiritual needs of each individual TRB survivor, we need to identify a middle ground. What might this middle ground entail, and how can we engage in a collaborative effort with TRB Survivors to customize these ideas effectively?

The conversation I had regarding the resources indicates that the grieving process and spiritual narrative reframing of TRB Survivors can be enhanced through the presence of empathy, respect, and collaboration. In this triangular relationship involving TRB Survivors, the Church, and God, it's essential for each party to value and acknowledge one another's attributes without unfair distortion or biases. Each subject interacts and evolves with its own unique rhythm, wave, and energy. At the intersecting point where the three subjects converge in a mysterious moment, it is expected that each subject will look into the faces of the others, comprehend their vulnerabilities and needs, and demonstrate love and genuine affection towards one another. When such efforts are genuinely well-executed, as TRB Survivors have highlighted in interviews, they indeed experienced a strong sense of harmony, feeling deeply connected with God and the Church as they praised, prayed, and participated together during church services or funeral ceremonies.

Chapter 6. Summary and Conclusion

6.1 Summary

I embarked on this research with the objective of showing the lived experiences of TRB Survivors and finding credible and practical answers to the two research questions through the use of a phenomenological qualitative research approach. I also proposed my thesis in the beginning based on my literature review and personal reflection. I will go over each chapter to summarize each chapter's contents and findings.

In the first chapter, I aimed to draw our focus to the treatment and care provided to Korean American TRB Survivors within the Church setting. As there have been many factors of chronic stress that Korean Americans have been exposed to the Korean American church should reconsider how to take care of Korean American people in a more effective way, especially when they become more vulnerable than usual. In the first chapter, I refined the definition of Traumatic Bereavement (TRB) to clarify for readers how it differs from, resembles, or intersects with other forms of bereavement. Then, I introduced the two research questions and proposed my thesis. I specified the primary audience for my research, aiming to vividly portray the lived experiences of TRB Survivors. My intention was that the research findings and derived concepts would pique the curiosity and insights of this particular audience.

In the second chapter, I engaged in discussions with authors who had written about or conducted research on subjects pertinent to my own research. I categorized the literature into seven distinct themes. As I delved into this literature, I gained insights into the existing body of research and discussions surrounding trauma, bereavement, spiritual care for TRB, traumatic loss, and the Korean American context. The literature provided valuable information and offered

insightful ideas that I could utilize to formulate questions for my research participants (TRB Survivors and pastors). The books and journals also helped me sharpen my research purpose, research direction, research method, and the way I analyzed and had discussions about the research outcomes. In summary, the literature I have reviewed highlights the importance of approaching TRB Survivors with a high degree of sensitivity, taking into account their uniqueness, physical symptoms, and emotional states. The literature also suggests that the Church will gradually discover its appropriate role as it continues to engage in open and safe conversations with TRB Survivors. At some point, TRB Survivors might rethink their learned narratives as they reflect on how those narratives have worked for securing their wellness. Process theology, constructive theology, and narrative psychotherapy can serve as valuable resources for TRB Survivors as they engage in the process of unlearning and relearning.

There are a limited number of studies on Korean American TRB Survivors, and some of these studies do not provide a thorough portrayal of the complex experiences of Korean American TRB Survivors. Additionally, these studies often lack a multidisciplinary approach. As a result, I determined my research goals, methodology, and conversation with partners to address these gaps and contribute to the existing body of research on TRB Survivors.

In the third chapter, I clarified my research purpose and assumptions. Then, I explained why I chose to employ the methodological ideas developed and proposed by Don Browning, Elaine Graham, and Richard Osmer. I also expounded why I decided to make use of a qualitative research method and why an interpretative phenomenological research method was a good fit for my research. In order to explore TRB Survivors' unspoken lived experiences and to show those experiences in creative ways, I also decided to use the PhotoVoice method.

In the fourth chapter, I explained how I would analyze the raw research data. I planned to continue to work through ongoing iterations in order to find emerging codes, categories, and themes, out of which I could draw meaning. I tried to find and identify “meaning attribution”, “common themes”, and “casual hypothesis” (Paley, 2017). After I conducted interviews, I started data analysis. Through four iterations, I deduced codes, categories, themes, and, finally, meanings as I drew operational model diagram. The PhotoVoice approach also helped me and participants learn what their body, cognition, and emotions were trying to express through the photos. My data analysis outcome demonstrated a sufficiently thick description of TRB Survivors’ lived lives and of pastors’ ministry experiences with TRB Survivors. Each TRB survivor’s lived experience after TRB was particular, and the ways TRB Survivors cope with and respond to TRB are different as they interpret their circumstances in their own ways. The results showed that while each pastor provided spiritual care to TRB Survivors in a unique manner, they also exhibited common elements in their approach to spiritual care. For example, the pastors wished TRB Survivors would not to go further as TRB Survivors radically reconstructed their theology, and the pastors wanted to collaborate with the congregation to take care of TRB Survivors so the TRB Survivors would not be isolated. The pastors also tended to understand and use ecclesial resources such as symbols, the messages of the Bible, and rituals in ways they had been understood and used in the past without sufficient consideration of TRB Survivors’ particularity. During this process, the impact of Korean culture and psychology on TRB Survivors, pastors, and the congregation was also observed. Collectivism and Confucianism still played a role in shaping the behavior, judgments, cognition, and thought processes of Korean American TRB Survivors. However, it was unclear whether the concept of “*han*” was influencing the TRB Survivors and others involved in the process. Some interviewees stated that

they did not personally identify with the concept of “*han*”. Both TRB Survivors and individuals within the Church made concerted efforts to collaborate in assisting TRB Survivors in their journey towards recovery and progress.

In the fifth chapter, I reviewed the data analysis and reflected on it as I had dialogue with chosen authors of process theology, constructive theology, and narrative psychotherapy. It was confirmed that process theology can help TRB Survivors reinterpret their lived experience through a new theological perspective. As God, in process theology, is understood as relational and persuasive, a God who suffers with us, TRB Survivors can envision their meaningful and hopeful future here and now. TRB Survivors might encounter fewer negative emotions, as they are not compelled to link their life experiences with TRB and their prior actions or thoughts. Constructive theology can serve as a valuable theological approach and resource, aiding TRB Survivors in reinterpreting their life experiences and building a theology that better aligns with their needs and perspectives. As TRB Survivors rethink how to use symbols, metaphors, and imagination properly, TRB Survivors can reconstruct their theology to enable themselves, the Church, and God to interact and collaborate as each subject looks at other subjects with less bias, misunderstanding, and distortion. Narrative psychotherapy can assist TRB Survivors in examining how they have absorbed socially dominant narratives, deconstructing these narratives, and reconstructing their own narratives to shape the preferred realities they seek to create. By telling stories through new narratives and imagination, it was expected that TRB Survivors could find new meaning, goals, and vocation.

6.2 Conclusion

My thesis is that “TRB Survivors can have an opportunity of reconstructing and cultivating new understanding and meaning through the collaborative triangular relationship between TRB Survivors, the Church, and God”. Throughout the research process, I was able to affirm that my thesis could, to some extent, accurately capture and describe the post-TRB experiences of both TRB Survivors and individuals within the Church. During my work on interviews, data analysis, and discussions, I was able to confirm that TRB Survivors faced challenges in developing new understandings and deriving meaning from their lived experiences, which had not been easily comprehensible previously. In the beginning, TRB Survivors usually spent time alone as they interacted with God. However, as time went on, they resumed interacting with people. TRB Survivors’ recovery process progressed through the mutual empowerment in the triangular relationship. In the triangular relationship, TRB Survivors did not try hard to understand the mystery of their lived experience, but they learned how to behold the mystery.

Through the entirety of the research process and my subsequent reflection, I became certain that I could propose a five-step framework that is relevant and applicable to TRB Survivors. The first step is “attending to TRB Survivors’ personal stories as TRB Survivors fully express their emotions and thoughts”. Many authors claim how important it is for the bereaved to have an opportunity to express their emotions and thoughts fully through the literatures. During interviews, I heard that TRB Survivors were grateful that they could talk and express their emotions and thoughts freely. The interviewed pastors also knew the importance of this step, and they had tried to listen to what TRB Survivors say in spiritual care setting. As evident from the data collected and the analysis conducted during the research, nearly all interview participants emphasized the importance of allowing TRB Survivors to freely express themselves and actively

listening to them as essential elements for their recovery. They mentioned that this is particularly crucial in the early stages. When TRB Survivors openly share their stories, thoughts, and emotions, and when people listen attentively and bear witness to them, the TRB transitions into a past experience. This, in turn, enables both TRB Survivors and members of the Church to focus more on the present and future, facilitating progress. However, TRB Survivors said that it was hard for them to “fully” express what they thought and felt to people in the Church. However, TRB Survivors could express what they thought and felt to God freely and fully by praying to God. This means that when people listen to the stories of TRB Survivors, engage in conversations with them, and interact with them, they need to be mindful and attentive. It's important to ensure that vulnerable TRB Survivors, who may be sensitive during these interactions, are not disappointed or hurt by insensitive comments or biases.

The second step is “TRB Survivors’ unlearning and deconstructing process”. It was clear that this step could function as a helpful process to TRB Survivors. However, some TRB Survivors hesitated or did not want to work on this step. This process was more likely to occur spontaneously among TRB Survivors after they experienced TRB, rather than being initiated as a result of being introduced or advised to engage in theological unlearning and deconstruction. To some Korean Americans, this work might sound too radical to try, especially when they are feeling afraid after they went through TRB. However, most of the interviewed pastors and TRB Survivors understood and agreed that an unlearning and deconstructing process could help them reinterpret TRB and make creative meanings out of TRB, if that unlearning and deconstructing process was adequately performed. Through this theological reconstruction process, the TRB survivor can personally experience a more balanced and stable sense in various dimensions such as physical, emotional, mental, cognitive, and spiritual. Furthermore, if, following this

experience, the TRB survivor's perspective on the past, present, and future undergoes a transformation, making it easier for them to discover new meaning and goals, and if they can find satisfaction in these changes, then it can be considered that this work has been appropriately carried out. Based on the research data and analysis results, the majority of TRB Survivors and pastors who participated in the interviews believed that individuals who undergo shocking and traumatic experiences like TRB often go through a process of theological reconstruction. This process enables them to develop a fresher and healthier understanding of their theology. Consequently, they could form healthier relationships with God, the Church, and themselves by reconstructing their own new theology. That was why the pastors showed respect and support for this theological reconstruction work undertaken by TRB Survivors. Therefore, I strongly recommend that TRB Survivors and pastors to continue to study, learn, understand, and fulfill this step of work better by reading relevant books, attending workshops, or facilitating small group meetings for the purpose.

The third step is “TRB Survivors’ real needs, problems, and gaps are shed light on by God”. Throughout the research, I learned that it was important to keep asking TRB Survivors what they needed. It was found that some people in the Church approached or visited TRB Survivors without asking TRB Survivors’ opinions. When people in the Church assumed they already knew what TRB Survivors needed and thus approached TRB Survivors, TRB Survivors felt their boundary was intruded. On the other hand, we can employ multidisciplinary resources to assess TRB Survivors’ needs, problems, and gaps. For example, we can make use of psychological theories, the knowledge of neuroscience, or art practice to assess TRB survivor’s symptoms. However, even though we use resources acquired from many disciplines, it does not always guarantee that we can assess TRB Survivors’ condition accurately. Then, what can be

done for TRB Survivors to be assessed more comprehensibly, almost thoroughly? This is why I employed the metaphor of “porous holes” to illustrate the various needs, challenges, and gaps experienced by TRB Survivors. God can illuminate these porous holes in the lives of TRB Survivors, allowing us to discern their specific needs, issues, and gaps. Then, in the Church, TRB survivor’s needs, problems, and gaps could be filled with God’s love and grace. God’s love and grace can be embodied and realized through people in the Church. However, according to the interviews, I learned that this step did not work out well enough for TRB Survivors. TRB Survivors’ needs, problems, and gaps were not explored deeply, but rather assessed quickly by a pastor’s or congregation’s assumptive diagnosis. TRB Survivors’ needs and symptoms sometimes have not been adequately explored. According to the research data and analysis, some TRB Survivors expressed feeling that their spiritual care ended too quickly and abruptly, even before their symptoms, issues, and needs had been fully understood and resolved. In light of this, it's crucial for churches to consider long-term monitoring, maintain ongoing interest in TRB Survivors, and consistently inquire about their symptoms, issues, and needs. As many research participants have suggested, it's worth considering the establishment of a professional ministry team within the Church, consisting of individuals who have received specialized training to care for people like TRB Survivors. The team can help provide the necessary support and care for these individuals more effectively. The fulfillment and application of this third step might appear overly idealistic or abstract to individuals within the Church. Therefore, this aspect of the work needs to be presented in a way that is easily understandable and applicable for Korean Americans within the Church context.

The fourth step is “TRB Survivors are guided to find and make use of adequate theological resources and secular knowledge that will handle their needs, problems, and gaps

through the interaction with the Church”. Once the needs, problems, and gaps of TRB Survivors are identified, individuals within the Church can provide assistance by leveraging appropriate resources and knowledge. Nevertheless, it's worth noting that the interpretation and utilization of these same resources and knowledge can vary significantly among individuals. For instance, one TRB survivor viewed prayer primarily as a personal conversation with God, whereas another TRB survivor saw prayer as a means to strengthen their connection with the congregation. This step may sound straightforward and uncomplicated in theory. However, I recommend holding discussions with TRB Survivors and the congregation to understand their perspectives on each resource and, if necessary, reaching a consensus on the definition and role of each resource. This will assist TRB Survivors and others in working together more effectively. As revealed by the research data and analysis, TRB Survivors and pastors highly valued the utilization of resources within the Church, such as prayer, community, worship, rituals, and scripture, in their spiritual care processes. However, the Church should not only consider internal resource utilization but also contemplate whether external resources (such as counseling centers, social welfare agencies, hospitals, etc.) can fulfill the needs of TRB Survivors. In some cases, the Church should act as a bridge connecting TRB Survivors to external resources to address their needs. As some research participants mentioned in the interviews, there can be limitations in finding and utilizing the necessary resources due to reasons like language barriers, a lack of information about American social services, and constraints on personal time and physical well-being. The Church should be mindful of these situations and actively engage with both internal and external individuals to identify the required resources for TRB Survivors and assist them in effectively utilizing these resources.

The fifth step is “TRB Survivors relearn and reconstruct new understanding and meaning of TRB and life”. I think all of the interviewed TRB Survivors worked on this step at least to the point of authoring their own stories and finding new vocation. The interviewed TRB Survivors also reconstructed their identities as they changed their values, goals, and narratives. This step is ongoing work, so TRB Survivors still try to find more plausible understandings and meanings of their lives. However, I felt that TRB Survivors tended to find new understanding, meaning, and vocation within a preset-spectrum. By preset-spectrum, I refer to the idea that TRB Survivors chose their new purpose, calling, or objective within the range set by their “lived theology” (Doehring, 2015). I hold deep respect and admiration for the new perspectives that TRB Survivors have adopted and the choices they have made as they explore their fresh vocations. However, I wish TRB Survivors could reframe their ways of understanding and choose their new vocation within a broader theological spectrum that they themselves could set. In that sense, pastors and people in the Church can help TRB Survivors broaden their perspectives by reading books, participating in relevant workshops, or meeting an expert in the field TRB Survivors are interested in. More than anything else, pastors and congregations should continue to motivate and encourage TRB Survivors to work on this step as they show curiosity and respect to TRB Survivors.

In the beginning of this research, two of my research questions were 1) “how can the Church provide more effective spiritual care to Korean American TRB Survivors?” and 2) “after TRB, what reflexive relationship can be established between TRB Survivors, the Church, and God so each can help and nurture the other by better using their own resources in the triangular relationship?”

For the first question, I suggest that the Church should serve as a space where TRB Survivors and others can come together, build relationships, and interact with genuine compassion. We are aware of what hinders us from treating others with authenticity and what promotes the development of humane relationships. When TRB Survivors struggle with their aftermath symptoms, what can people in the Church can do for them? We can basically provide TRB Survivors material things such as food, clothing, or financial support. We can also stay with TRB Survivors as we show our presence with silence. Given that TRB Survivors may have been traumatized and lost trust in previously held beliefs, it is possible to assist them in restoring their trust by providing support as a compassionate and trustworthy companion. Based on mutual trust, in the Church, we can see others with love, empathy, and respect. When both TRB Survivors and congregations can recognize vulnerability in each other's faces, they can begin to work together to transform that vulnerability into a source of empowerment for themselves.

For the second question, I discovered that when TRB Survivors, the Church, and God viewed each other with minimal bias, misperception, or distortion, the three of them experienced the greatest harmony as they nurtured and cared for one another in their triangular relationship. A TRB survivor, as a person, has his or her own resources. The Church has its ecclesial resources. God has God's own resources, and God displays the primordial nature of love. If we view God as simply a projection of our desires, stories, or thoughts, then God can easily be misunderstood or even misused. This means that a subject in the triangular relationship should neither misunderstand nor judge another subject by projecting the first subject's desire, narrative, or cognition onto another. In the triangular relationship, the three subjects can be harmonized as they love and empathize with each other. The love and empathy between the three subjects are appreciated not through a transactional (give-and-take) relationship, but through a circulating

(give-and-take-and-give) relationship. This circulating relationship empowers the three subjects so that the three subjects can go forward as they look at each other. Even though TRB Survivors have lost loved ones, their relationship with those who have passed away continues. Similarly, the relationship between TRB Survivors, the Church, and God continues even after TRB. In the triangular relationship, everything is appreciated, remembered, and remains as meaningful story.

Appendices

Appendix A. Letters of Informed Consent

Author: Byungil Kim

Consent to Participate in Research Identification of Investigator and Purpose of Study

You are invited to participate in a research study, entitled “Reframing Spiritual Care for People Suffering of Traumatic Bereavement in Korean American Church” The study is being conducted by Byungil Kim under the supervision of Dr. Duane Bidwell of Claremont School of Theology, 1325 N. College Ave; Claremont, CA 91711, Email: dbidwell@cst.edu, Phone number: 909-447.2528.

The purpose of this research study Is to examine how Korean American people who went through traumatic bereavement experience are living after the events. Your participation in the study will contribute to a better understanding of people who experienced traumatic bereavement. You are free to contact the investigator using the information below to discuss the study.

Byungil Kim

Mail address: 16 Wilderness Pl, Pomona, CA 91766

Phone number: 585-402-1169

Email address: byungil.kim@cst.edu

You must be at least 18 years old to participate.

If you agree to participate:

- The interviews including PhotoVoice (this is explained below) will consist of approximately two 70-minute interviews (20 minutes photovoice included in each interview). After data analysis is done, you can provide us with your feedback and reflection on my data analysis to indicate whether the data has been analyzed well enough. If you are participating in the interview as a people in church, not as TBS, you don't have to work on photovoice during interview.

* PhotoVoice is a research method introduced by Wang and Burris. In the research, you can use cameras to photograph your ordinary life and moments. Using photos (images) enables you to express your veiled or unspoken reality to others. The photovoice research is comprised of mainly three phases; 1) collecting photos, 2) having a reflecting dialogue about the photos, and 3) working on coding process. Detailed explanation and Q&A regarding ‘photovoice’ will be arranged before we start our first interview.

- Your participation is intended to help us understand and learn your reality, needs, and emotions, other issues you experienced in your context.
- Your participation will consist in two 70-minute interviews, including verbal interview and photovoice work. After the data has been analyzed, it will be shared with you so that you can give us your feedback and reflection on our data analysis in written form.
- You will be compensated. After you have done with two interviews including photovoice work, you will receive \$20 in cash.

The purpose of this study is to gain insight into practical theology, pastoral care and/or spiritual care. Participation in this study should not be regarded as—or substituted for—therapy by a licensed professional.

Confidentiality of Data

Your name, email address and other personally identifiable information will be kept as confidential during the data collection phase. No personally identifiable information will be publicly released. Your personal information, if collected, will be used solely for tracking purposes. A limited number of research team members might have access to the data during data collection. When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. If photographs, videos, or audio-tape recordings of your participation are used for educational purposes, your identity will be protected or disguised. Your information will be stored until the day of my dissertation defense and on the following day all of the information will be destroyed permanently.

Risk

As participant is expected to recall their traumatic scenes or relevant emotions, there are some possible risks which could cause you to feel uncomfortable, embarrassed, sad, tired, or nervous in the interview. If you feel that you cannot continue to stay in a room for interview, you may stop the interview and leave the room. If you think your participation causes any kinds of harm to you and you cannot take it, you can withdraw the whole participation at any time you want. Withdrawal will not affect your relationship with the researcher or with CST.

In case you want to have counseling service provided by licensed professional, you can contact these institutions

- **The Clinebell Institute** (www.theclinebellinstitute.org)
 Phone: 909-451-3690
 Address: 211 W. Foothill Blvd, Claremont, CA 91711
 Email: office@theclinebellinstitute.org

- **Korean American Family Services** (www.kfamla.org)
 Phone: 213-389-6755
 Address: 3727 W 6th St #320, Los Angeles, CA 90020
 Email: admin@kfamla.org

- **KYCC (Korean Youth Community Center)**
 Phone: 213 365 7400
 Address: 3727 West 6th Street Suite 300, Los Angeles, California 90020

The Benefits

After my dissertation is complete and published, you can request a copy of the dissertation. In case I am invited to forum or conference for a presentation, you will also be invited to the meeting. If you want to have clinical counseling service either during or after interview, I can provide counseling service to you for free (up to five sessions).

Participation or Withdrawal

Your participation in this study is voluntary. You may decline to answer any question and you have the right to withdraw from participation at any time without penalty. Withdrawal will not affect your relationship with Claremont School of Theology in any way. If you do not want to participate, you may simply stop participating.

Contacts

If you have any questions about the study or need to update your email address, contact the primary investigator Byungil Kim at 585-402-1169 or send an email to byungil.kim@cst.edu, or contact the advisor Dr. Duane Bidwell at 909-447-2528 or email to dbidwell@cst.edu. This study has been reviewed by Claremont School of Theology Institutional Review Board and the study number is [STUDY NUMBER, the chair of the IRB will supply this number to the researcher].

Questions about your rights as a research participant.

If you have questions about your rights or are dissatisfied at any time with any part of this study, you can contact, anonymously if you wish, the chair of the Institutional Review Board by email at irb@cst.edu.

Thank you.

SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

Address

Phone

Email

SIGNATURE OF INVESTIGATOR

Signature of Investigator Date (same as participant's)

A copy of this document will be supplied for your records.

Appendix B. PhotoVoice: Acknowledgement of Release

Acknowledgement of Release

I, _____, grant Byungil Kim the right to use photographs that I have taken for research purposes. I authorize Byungil Kim to use and publish the same in print and/or electronically or display and/or promotional purposes. I was informed that important or identifiable parts of photographs will be deleted before being published.

I have read and agree to the above:

Signature:

Parent or guardian's signature (if under 18):

Printed name:

Date:

Appendix C. PhotoVoice: Participation Consent Form

Participation Consent Form

I, _____, will participate in the PhotoVoice project of the research, “Reframing Spiritual Care for People Suffering of Traumatic Bereavement in Korean American Church”. I understand that this project may discuss topics of a sensitive nature. I understand that I will be taking photographs that will be used by Byungil Kim for his dissertation research and discussion.

I will participate, and I will be photographed or recorded in an interview session that may be used for research and/or data collection methods.

I am aware that these photographs and/or recordings may be used for promotional and furtherance of the PhotoVoice project of the research, “Reframing Spiritual Care for People Suffering of Traumatic Bereavement in Korean American Church”.

Signature of interviewee:

Printed name of interviewee:

Date:

Appendix D. PhotoVoice: Photography Consent Form

Photography Consent Form

PhotoVoice is a part of research project which uses photography to describe the lived experience of TBS in the community. The PhotoVoice project in the research of “Reframing Spiritual Care for People Suffering of Traumatic Bereavement in Korean American Church” focuses on the topic of TBS’s lived experience and spiritual care for them to raise awareness and promote discussions surrounding the topic.

I, _____, understand and permit that photos of me and/or my likeness may be used in a research setting and displayed indefinitely. I give permission to Byungil Kim to use my likeness for research, display, and promotional purposes surrounding the PhotoVoice project in the research of “Reframing Spiritual Care for People Suffering of Traumatic Bereavement in Korean American Church”.

Signature:

Printed name:

Date:

Appendix E. PhotoVoice Manual

PhotoVoice Manual

As an interviewee, you are supposed to utilize ‘PhotoVoice’ in order to promote the synergetic effect of this research. PhotoVoice is a participatory action research methodology created by Caroline Wang and Mary Ann Burris in the early 1990’s. According to Wang and Burris (1997), PhotoVoice provides the opportunity for participant to creatively document their concerns and act as “catalyst for change” (Wang & Burris, 1997, p. 382). Additionally, it will ignite interest about TRB that are important topic in Korean American community and it will allow you to express yourself through photography. PhotoVoice breaks traditional language and old communication barriers that often prevent TRB Survivors from expressing their concerns.

Your main roles to play are two things. They are ‘Photographs’ and ‘Writing up your narratives’

1. Photographs – You will capture images that show something meaningful to you, regarding your TRB.
2. Narratives – After discussing the photos, you will write up a short narrative to along with each picture, using the ‘SHOWeD’ method (it will be explained below). This narrative helps the image deliver a clear message.

What you ought to do

1. When participating in photovoice, you have the ability to photograph whatever you desire to address about your issues related to TRB.
2. You are also responsible for following the ethical considerations to ensure that you are following measures that protect yourself and the participants involved.
 - a. Protect Participants – Participants must refrain from entering dangerous spaces/situations to photograph. Think not only about danger in terms of physical harm, but also in emotional harm, harm to individual reputation, or potential financial harm, among others.
 - b. Protect the Community – It is important to protect others by abstaining from taking pictures that may harm the reputation, safety, or individual liberty-of another.
 - c. False Light – It is necessary to make sure that situations in the community are reflected accurately.
3. After you take pictures, take a time to answer to these questions suggested by ‘SHOWeD Method’ in order to shape your narrative that you want to share in an interview session.

SHOWeD Method: After you have selected two photographs, use the questions below to identify and explore your concerns, emotions, meanings related to the project topic that is illustrated in the photos.

- a. What do I See here?
- b. What is really Happening here?
- c. How does this relate to Our (or my) lives?
- d. Why does this situation, concern, or strength exist?
- e. What can we (or I) Do about it?

Appendix F. A Sample of Research Diary

24 July 2022

REFLECTION ON THE INTERVIEWS DONE AND THE INTERVIEWEES

I have been conducting interviews as planned within my busy schedule, and I found myself in the final stages of the interview process. I sent them the prepared list of questions in advance, and I conducted the interviews on the agreed-upon date and time. Afterward, I transferred all the interview content into a Word document for documentation. At this stage, I realized that the workload was more significant than I initially thought. Dealing with this raw data, I also felt the pressure of how to proceed with the coding work and subsequent research phases. On one hand, I am extremely grateful to the interviewees who willingly participated in this research process. While I didn't intend for this to be the case, I sometimes found that interviews unintentionally took on a counseling-like tone or a mixed format of conversation, especially since I work as a counselor conducting psychotherapy with clients alongside this research. So, at times, I tried to steer the conversation back to the format of a research interview, although abruptly changing the nature of the discussion could feel awkward. Nevertheless, considering that both I and the interviewees were aware that this was not psychotherapy counseling but rather research interviews, I think it could be acceptable to occasionally include elements of encouragement and support, akin to a counselor, during the interview, as long as it served the purpose of the research. During the interviews, some TRB Survivors and pastors became emotionally distressed, sad, or uncomfortable, seemingly triggered by memories from that time. In contrast, others spoke calmly, sometimes even with humor, showing relatively little emotional turmoil. Their interpretations of their experiences and how they were currently navigating life varied greatly, leading me to frequently ponder how to adapt my approach to each interviewee to be a desirable researcher. Interviews are not merely about asking questions and receiving answers. They involve a complex and delicate process. This complexity arose because the interviewee's responses to prepared questions were not solely dependent on their recollections and thoughts; they were also shaped by the broader interactions, both direct and indirect, between me as the researcher and them. Consequently, in order to conduct more effective interviews, I have been attentive to their emotions, physical symptoms, and other responses throughout the process, aiming to make them comfortable and motivated to continue.

Appendix G. A Sample of Analytic Memo

25 August 2022

PERSONAL RELATIONSHIP TO THE STUDY AND CODE DEFINITION: “BEING ALONE”

While conducting interviews with TRB Survivors, I deeply resonated with their traumatic experiences, the symptoms they had been experiencing afterward, and their emotions. Through their traumatic experiences, they had navigated life on an unexpected path, often involving separation from their families. They commonly expressed the sentiment of “Being alone”, a phrase I can strongly related to. Although I hadn't experienced TRB myself, I had faced extremely challenging situations in my personal life. Dealing with the difficulties of that situation was tough in itself, but coping with the subsequent symptoms, overcoming them, and going through the recovery process were equally challenging. Looking back, I, too, needed time alone. However, paradoxically, even while desiring solitude, I also longed for the presence and care of others, along with their attention. As I reflected on those times, I could understand the various and profound meanings associated with the “Being alone” code used by TRB Survivors. Therefore, I thought that it is essential to engage in conversations with these survivors to explore the specific meanings behind their use of “Being alone”. Since each individual's interpretation of “Being alone” varied, what they need in that situation was also different, and their understanding of the concept differed as well. In some cases, like my own experience, TRB Survivors might not precisely understand the meaning of “Being alone” during that time. Hence, more sensitive, compassionate, and cooperative dialogues with TRB Survivors are necessary to uncover the depth of meaning behind “Being alone”.

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